NEW YORK STATE COUNCIL ON CHILDREN & FAMILIES

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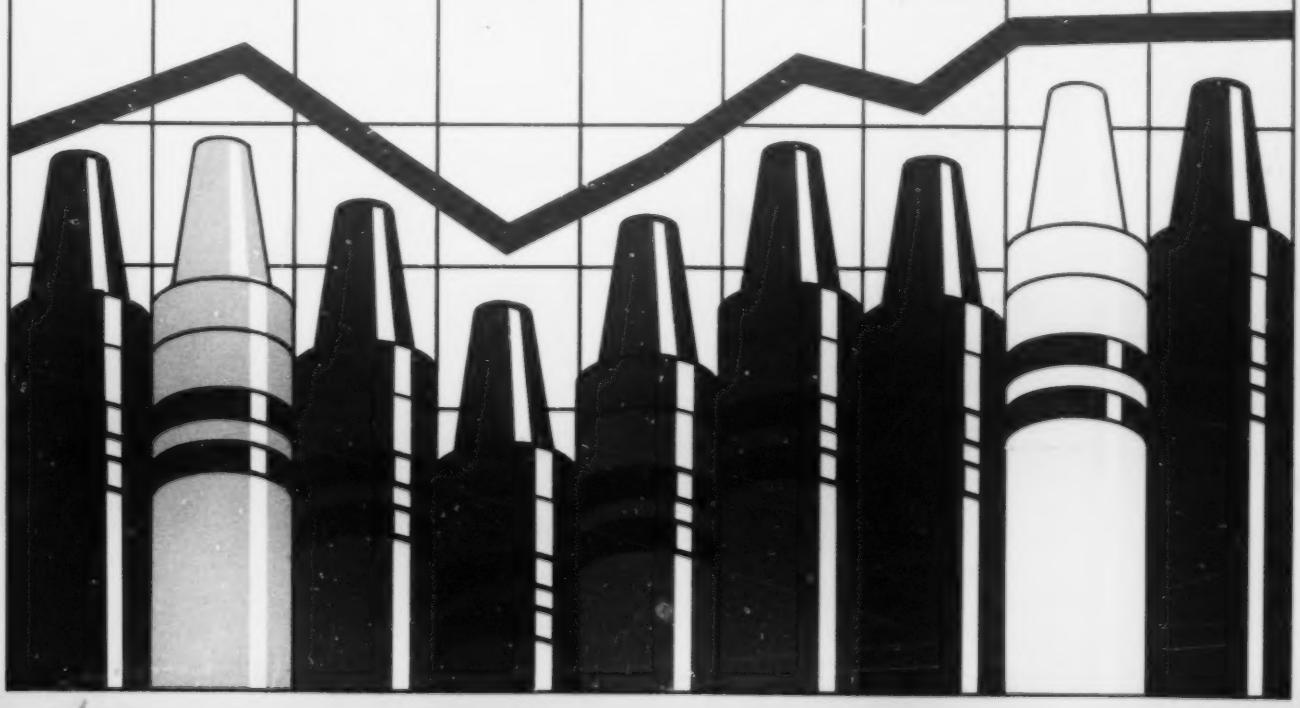
State of the Child

In New York State



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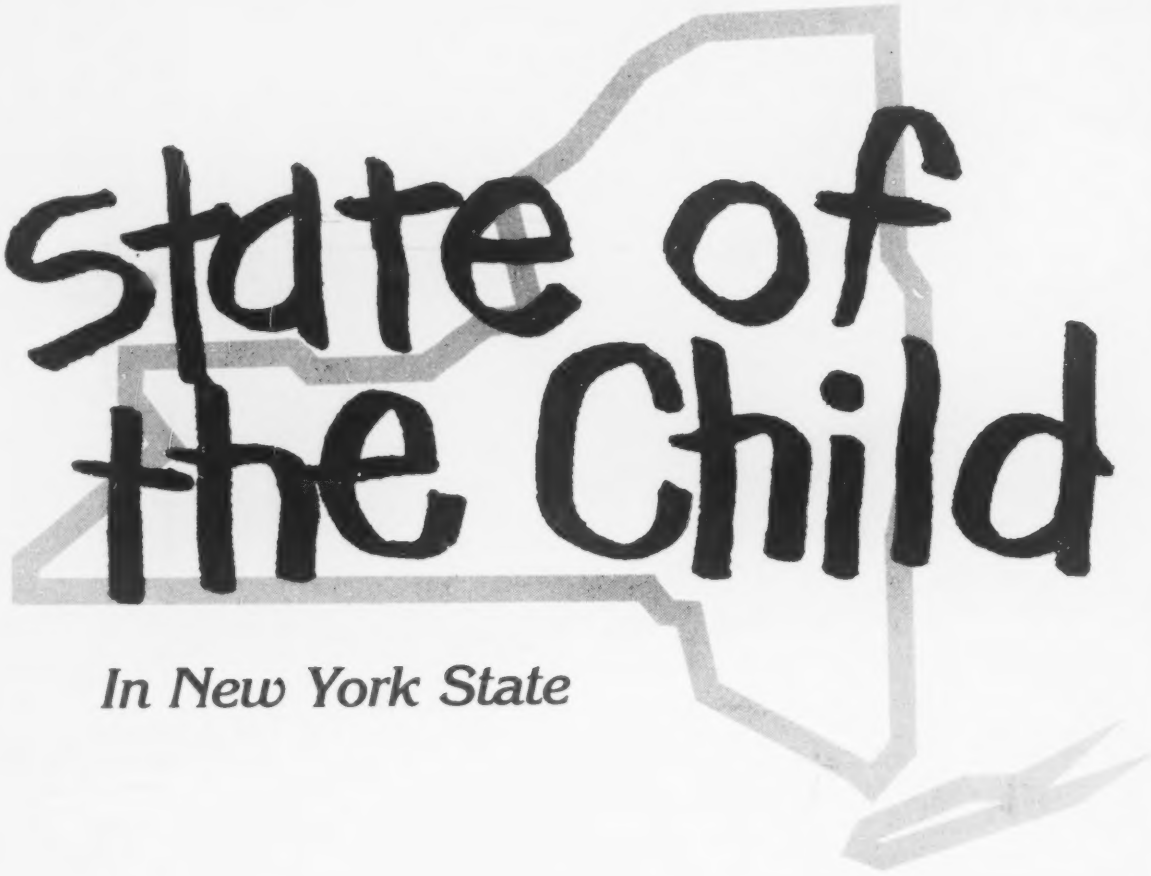

state of the Child

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GERALD C. CROTTY
Chair

MATILDA R. CUOMO
Honorary Chair

JOSEPH J. COCOZZA
Executive Director

1988

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New York State Council on Children and Families

Joseph J. Cocozza
Executive Director

Phyllis A. Silver
Deputy Director

Frederick Meservey, C.S.W.
Director, Bureau of Policy Analysis and Program Planning

Lorraine K. Noval, Ph.D.
Director, Bureau of Research and Information Services

STATE OF THE CHILD PROJECT

Lorraine K. Noval, Ph.D.
Project Director

Nancy E. Dunton, Ph.D.
Assistant Project Director

Chapter Authors

Chapter 1
Nancy E. Dunton

Chapter 2
Susan Bubb
Nancy E. Dunton

Chapter 3
Nancy E. Dunton

Chapter 4
Susan Bubb

Chapter 5
Lillian S. Denton

Chapter 6
Susan Bubb

Chapter 7
Robert G. Frawley
Lorraine K. Noval

Chapter 8
Robert G. Frawley
Fred Foster-Clark
Lorraine K. Noval

Chapter 9
Laura Lippman
Robert P. Ingalls

STATE OF NEW YORK
EXECUTIVE CHAMBER
ALBANY 12224

MARIO M. CUOMO
GOVERNOR

I am pleased to present the State of the Child in New York State.

This innovative publication represents several years of extraordinary effort on the part of the New York State Council on Children and Families in conjunction with over twenty State agencies and commissions. Its completion offers, for the first time in New York State, a single source document containing a vast array of data and trends that help us to understand the complex issues facing children and families.

I am proud of the progress we have achieved in New York State in helping children and families to attain independence and self-sufficiency. Historically, we have been in the forefront of providing the best possible response to the needs of children and their families. As demonstrated by the problems and challenges presented in this publication, we must ensure, more than ever before, that children have the supports and services they need to meet the challenges of the future.

Today, our State is facing the critical challenge of building the New York of the Twenty-First Century. The success of this effort will depend in great measure on our ability to ensure that our children will be healthy and productive participants in that society. In order to achieve this end, I am calling for a bold, statewide effort to make the next ten years the Decade of the Child.

I am confident that the information contained in the State of the Child in New York State will be integral to our efforts to improve the lives of all of our children.

January, 1988

Mario M. Cuomo

Foreword

The impact of the changing family and the effects of the complex problems faced by our youth on the future of American society are frequent topics of political leaders, researchers, the media, and families themselves. Speculation about the developmental consequences for children living in new family arrangements, concern over the readiness of youngsters to compete in tomorrow's economic world, and fear about the increasing number of children living in poverty have all emerged as critical issues in the current decade.

Information contained in *State of the Child in New York State* describes how numerous factors have affected the current status of children and families in New York. For example, mothers have entered the labor force in record numbers during the last decade, creating a new need for substitute child care. We have learned that the overall health status of New York's children has improved, although substantial disparities still exist by racial group and income level. Within the next decade, 30 percent of our children will be living in single-parent households. Our statistics indicate that approximately one-third of all New York State students entering high school in the fall of 1981 failed to graduate four years later. In 1985, there were nearly 59,000 pregnancies among teenage girls.

Sometimes it appears that the many issues affecting children and families are battling for supremacy. In this conflict, each problem area or concern is vying for a greater share of the public's attention and, perhaps more importantly, for a greater share of its resources. Whatever our individual perspectives may be, we can all agree that an impressive list of challenges must be faced if children and families are to survive and flourish into the next century.

New York State has been a leader in the struggle to better respond to the needs of today's children and their families. Yet, as documented in *State of the Child in New York State* this task is in no way completed. As Alba and Trent concluded in their work, *The People of New York: Population Dynamics of a Changing State*, "... it is virtually impossible to exaggerate the importance of the problematic status of children in the New York of the future."

The growing concern for children and families is not restricted to either social scientists or to New York State. A 1986 Louis Harris survey presents some interesting findings about the nation's attitude toward children. It reports that three-fourths of the American public believes that the problems of children have grown worse compared with what they were when they were young. A sizable number of Americans felt that the troubles of young people are largely hidden in a "...kind of massive, studied avoidance."

In order for New York to continue its traditional leadership in caring for its children and families, these serious problems must be faced with even greater vigor than in the past. Strengthening families has always been a major focus of the New York State Council on Children and Families. Our experience over the past decade has only underscored the lesson that effective policy development is closely tied to the ability to document need and then to focus attention upon desired changes. Part of the difficulty in applying this concept to shaping directions for children and families arises from the fact that, up until now, information about children and families was not readily available and tended to be compartmentalized according to agencies.

We knew that the problems children and families experienced were complex and interrelated. In addition, we knew that to effectively address these difficulties we would need to examine them not in isolation from one another, but as a whole. Therefore, we began to seek a method to gather information and analyze trends involving the broadest possible range of issues. Only a comprehensive presentation of the data would prepare us to move in a rational, coordinated manner. This book was undertaken by the Council, in cooperation with over 20 state agencies and commissions, in order to meet that need.

State of the Child in New York State presents, for the first time in New York State, a comprehensive, uniform collection of data on children and families. Information is included on the social, demographic, health, educational, and legal characteristics of children and their families. Although the material in the book is organized into topical chapters, there are many issues which cut across specific chapters. For example, information on adolescents can be found in several places. Similarly, differences among children by economic status, race, ethnicity, and family composition are available in many sections of the book. These interrelationships are crucial to understanding the complex needs of children and to developing appropriate responses to their problems.

Although the completion of the book represents an important and satisfying accomplishment for the Council and the agencies which assisted in its development, we intended that its eventual use not be limited to its obvious utility as a statistical resource. The potential power of the publication lies in its usefulness as a centerpiece for a much larger purpose — an interagency, multi-disciplinary process that can result in consensus about future policy directions for children and their families. *State of the Child in New York State* can be the catalyst for bringing together the public and private sectors with experts and advocates from a wide variety of human service backgrounds. Together, we can analyze the statistics presented and move toward developing and implementing a comprehensive strategy to enhance the future of New York's children and families.

Joseph J. Cocozza
January 1988

Introduction

State of the Child in New York State presents a comprehensive, uniform collection of data about children and their families. This book is designed to meet the information needs of state and local government officials, program planners, providers, advocates, and researchers.

Organized by the major systems or institutions that affect the lives of children, *State of the Child in New York State* contains nine chapters:

- Demographic Overview
- Children in Families
- Economic Status of Children
- Child Care
- Health and Illness of Children
- Children in School
- Victimization of Children
- Children and Youth in the Justice System
- Children in Out-of-Home Care

This book is not simply a compilation of data relating to these specific topic areas. Instead, trends are presented and discussed so that emerging issues can be identified and children's progress on long-standing issues can be assessed. In some instances, the trends identified reveal crucial interrelationships among the various topics presented in individual chapters. For example, while the high and increasing rate of poverty affecting New York's children is a significant problem in and of itself, the poverty rate may also be related to the changing health status of children, educational attainment, the needs for substitute child care, involvement with the legal system, and placement into out-of-home care. Similarly, changing family composition and demographic changes have far-reaching implications for other aspects of children's lives. Therefore, although each chapter is written to capture a single and important aspect of a child's life, a more thorough understanding of the problems faced by children will be obtained from reading the entire book.

Data Issues

I. Sources of the Data

A vast amount of data relating to children resides within the various state agencies' administrative data systems. Collecting the data and making the difficult decisions about what should be presented in this book was an extraordinarily complex task.

Data were gathered with the assistance of over 20 federal, state, and municipal agencies. The following New York State agencies and commissions were included:

- Commission on Child Care
- Commission on Child Support
- Commission on Corrections
- Department of Commerce
- Department of Correctional Services
- Department of Health
- Department of Labor
- Department of Motor Vehicles
- Department of Social Services
- Department of Taxation and Finance
- Division of Alcoholism and Alcohol Abuse
- Division of Criminal Justice Services
- Division of Probation and Correctional Alternatives
- Division of Substance Abuse Services
- Division for Women
- Division for Youth
- Education Department
- Office of Court Administration
- Office of Mental Health
- Office of Mental Retardation and Developmental Disabilities

In addition, the United States Department of Commerce, Bureau of the Census; the New York City Human Resources Administration; and, the New York City Department of Health contributed data.

Information from the federal censuses of population were relied on extensively throughout *State of the Child in New York State*. However, published information was not always sufficient to fully address children's issues. As a result, the Council on Children and Families undertook extensive analyses of the New York State portions of the 1970 and 1980 censuses. In order to more fully illustrate the conditions of life for the children themselves, the household-oriented data files were reconfigured to be child-oriented files. For example, while the census provides information regarding the number of two-parent families, the Council's analysis enabled an examination of the number and characteristics of children living within two-parent families.

Census information was updated through additional analyses of data from Current Population Surveys. Projections of important indicators were also included whenever possible, such as projections of the number of children in out-of-home care which had been prepared by the Council. Additionally, the Council worked with staff from the Department of Economic Development, formerly the Department of Commerce, to prepare projections of household composition.

II. Presentation of the Data

An important and unique feature of the information contained in *State of the Child in New York State* is that, for the most part, it is presented from the child's point of view. For example, data in Chapter 2 describe children's living arrangements, in addition to offering a profile of families. Similarly, Chapter 4 presents children's need for substitute care and Chapter 6 discusses children's educational experiences. Thus, this report focuses on children's characteristics and children's experiences, while relevant information on their families or the social institutions that serve them is also included.

Each of the chapters attempts to maintain a common timeframe. In most cases, data are provided for 1985, 1980, and 1970. When information from these years is not available, the nearest available year is substituted.

All information is presented for three geographic areas: New York State, New York City, and the rest of the state. Data for individual counties are provided in a separate report, *State of the Child County Data Book -1985*.

The reader should be aware of two limitations of the data contained in *State of the Child in New York State*. First, information systems are established primarily for the purpose of monitoring problems. Thus, data are frequently available on the increase or decrease in problem conditions (e.g., child abuse, crime, school dropouts), while data are less readily available or are lacking altogether on the increase or decrease in satisfactory conditions (e.g., good parenting, literacy, wellness). Second, the development of information systems often lag behind the identification of a problem or the emergence of an issue. For example, few data are available on homeless children or the use of substitute child care.

Uses of the Report

State of the Child in New York State provides a comprehensive and objective description of the status of children and families. As such, it represents a valuable sourcebook for those interested in understanding current conditions. At the same time, while it purposely draws no conclusions, the implications for needed actions are obvious. Indeed, the findings in this report lead readily to the identification of major issues and the formulation of policy questions. In fact, even before its publication, materials contained in this book have been eagerly sought for use in program planning, state and local discussions, and for establishing background for policy development.

The intended use of this book is not only to increase knowledge about the status of children and families, but also to enable those concerned with these issues to help construct effective policy and supports that will strengthen New York State families and ensure the healthy development of children.

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HIGHLIGHTS

- An estimated 5,201,000 children lived in New York State in 1985. This was 8 percent fewer children than there were in 1980 and 23 percent fewer than in 1970. It is projected that there will be 5,041,000 children in New York State by the year 2000, only 3 percent fewer than in 1985.
- Fertility, mortality, migration, and "aging" account for change in the size of the children's population. Between 1970 and 1985, the children's population declined dramatically because all of the baby boom cohort became adults and the low fertility levels meant that this large group did not replace itself. Furthermore, this decline was exacerbated by a net loss of children through migration to other states.
- These fewer children represent a declining share of the total New York State population. In 1970, children represented 37 percent of the population compared with just 29 percent in 1985 and a projected 27 percent by the year 2000.
- The distribution of children throughout the state appears to be fairly stable. In 1970, 1980, and 1985, approximately 40 percent of New York's children resided in New York City. A similar fraction is expected to live in New York City in 2000 as well.
- In 1985, the median age of the New York State children's population was 11.2 years. This was higher than the median age in 1970 (10.6 years) and higher than the median age will be in 2000 (10.5 years).
- Racial/ethnic differences in fertility and migration patterns have produced substantial changes in the racial/ethnic composition of the children's population in New York State, and particularly in New York City. The proportion of the state's children's population that was white declined from 76 percent in 1970 to 69 percent in 1980. At the same time, the proportion that was Hispanic increased from 10 percent in 1970 to 12 percent in 1980. Although there was very little change in the number of black children, given these other changes, the proportion of the population that was black increased from 13 percent to 16 percent.
- Change in the racial/ethnic composition of the children's population was most pronounced in New York City. In 1980, 37 percent of the New York City children's population was white, 31 percent was black, and 28 percent was Hispanic, compared with 51 percent, 26 percent, and 22 percent respectively in 1970. In the rest of the state, 88 percent of the children's population was white in 1980, 7 percent was black, and 3 percent was Hispanic, compared with 93 percent, 5 percent, and 2 percent respectively in 1970.
- Large numbers of children come from abroad to New York State, and in particular to New York City, from a wide variety of cultural backgrounds. Nearly half of these children, however, come from Puerto Rico, the Caribbean, and from other Latin American countries.

CHAPTER 1

Demographic Overview

"Children — one-third of our population, all of our future."

U.S. Department of Health and Human Services
1980

A demographic assessment of the children's population in New York State is fundamental to an examination of their well-being. The size, geographic distribution, and demographic characteristics of this population make children more or less likely to experience a variety of events; and thus, these factors have implications for the quality of their lives. Moreover, there are implications for the public and private sectors through the involvement of children in education, substitute child care, health, legal services, and residential care. This demographic overview then provides a context for topics that are addressed in later chapters.

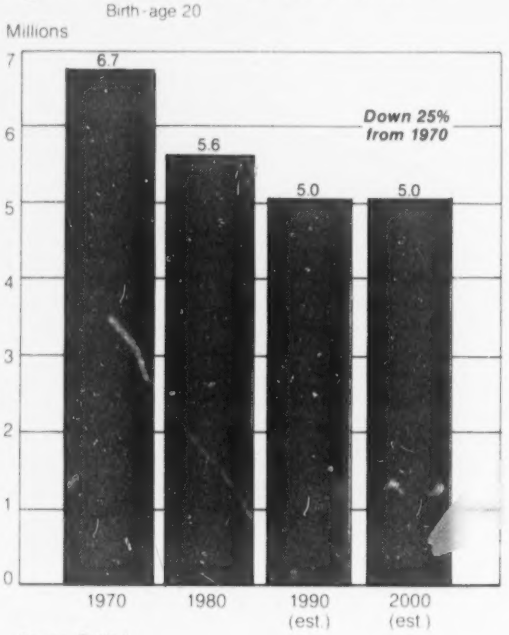
This chapter describes trends in the size of the New York State children's population, discusses the sources of these trends, and presents information on the changing age, sex, and racial/ethnic composition of the children's population. A brief description of trends in the total New York State population, found in Box A, presents a general context for the discussion that follows.

BOX A
Total Population Trends

The population of New York State declined during the 1970s, for the first time in the state's history. There were 17,558,077 people in New York State in 1980, approximately 4 percent fewer than in 1970 (U.S. Department of Commerce, Bureau of the Census [Census Bureau], 1973, 1982). By comparison, the United States' population grew by over 10 percent during this period (Census Bureau, 1972a, 1983a).

New York State lost population because many individuals and families moved to other parts of the United States, primarily to the South and West (Alba & Batutis, 1984). This population loss was concentrated in the period between 1973 and 1978. The decline slowed after 1978, then reversed in 1982. The state's population had grown to 17,773,300 by 1985, a 1 percent increase over the 1980 population (New York State Department of Commerce, [State Data Center], 1985).

Figure I **Number of Children in NYS**
Birth - age 20



Source: Table 1

HOW MANY CHILDREN?[1]

There were 5,640,154 children in New York State in 1980, or 16 percent fewer than in 1970 (see Table 1 and Figure I). The decline in the children's population was greater than that of the total population. Indeed, there was a 4 percent increase in the size of the adult population during the 1970s. These divergent trends meant that children comprised a smaller percentage of the total population in 1980 (32%) than they did in 1970 (37%).

The size of the children's population has continued to decrease during the 1980s. There were 5,201,000 children estimated to be in New York State in 1985, 8 percent fewer than in 1980. Since it was estimated that the adult population continued to grow, the proportion of the population comprised of children continued to decline to 29 percent in 1985.

[1]Children are defined here to be individuals aged birth through 20. This broad definition of "children" was chosen so that this demographic overview would encompass all of the populations discussed in the remaining chapters of this book.

TABLE 1
Number of Children
In Selected Age Groups
New York State, New York City, Rest of the State
Selected Years 1970 Through 2000

Age	1970	1980	1985[a]	1990[a]	2000[a]
			New York State		
Total	**6,726,515**	**5,640,154**	**5,201,000**	**5,014,000**	**5,041,000**
Birth - 2	871,481	690,587	729,000	757,000	693,000
3 - 5	943,011	667,212	702,000	727,000	714,000
6 - 12	2,391,518	1,784,066	1,592,000	1,617,000	1,729,000
13 - 17	1,635,265	1,545,998	1,291,000	1,166,000	1,213,000
18 - 20	885,240	952,291	886,000	747,000	692,000
Median Age	**10.6**	**11.8**	**11.2**	**10.4**	**10.5**
			New York City		
Total	**2,599,180**	**2,102,434**	**2,052,000**	**1,937,000**	**1,932,000**
Birth - 2	367,454	289,337	302,000	311,000	293,000
3 - 5	375,715	268,800	290,000	284,000	280,000
6 - 12	882,287	655,833	638,000	530,000	642,000
13 - 17	609,363	551,497	490,000	526,000	445,000
18 - 20	364,361	336,967	332,000	285,000	270,000
Median Age	**10.4**	**11.3**	**10.8**	**10.2**	**10.3**
			Rest of the State		
Total	**4,127,335**	**3,537,720**	**3,149,000**	**3,078,000**	**3,109,000**
Birth - 2	504,027	401,250	427,000	446,000	400,000
3 - 5	567,296	398,412	412,000	443,000	434,000
6 - 12	1,509,231	1,128,233	955,000	1,087,000	1,087,000
13 - 17	1,025,902	994,501	801,000	640,000	767,000
18 - 20	520,879	615,324	554,000	462,000	421,000
Median Age	**10.7**	**12.1**	**11.4**	**10.5**	**10.7**

[a]Age groups may not sum to totals due to rounding of each age group.

Note: Median ages and age distributions for 1985, 1990 and 2000 were produced from New York State Department of Commerce, State Data Center population projections.

Source: Census Bureau, 1973, 1982; New York State Department of Commerce, State Data Center, 1985.

Population Projections

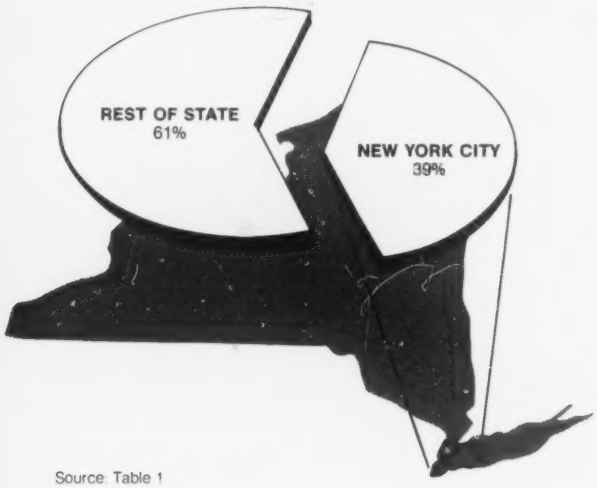
Projections of the New York State population indicate that there will be 3 percent fewer children in New York State in 2000 than there were in 1985.[2] All of this decline is projected to occur during the 1980s. It is estimated that there will be 5,014,000 children in New York State in 1990, a 4 percent decrease from 1985. Between 1990 and 2000, however, the children's population is projected to grow slightly (by less than 1%), to 5,041,000 children. By comparison, the adult population is expected to increase by 7 percent between 1985 and 2000. Thus, children will continue to represent a declining fraction of the total population during this period. In both 1990 and 2000, children are expected to comprise 27 percent of the total population, significantly less than their shares in 1970 or 1980.

As children become a smaller fraction of New York State's population, there will be more working-age (15 through 64) adults per child than in the past (see Appendix Table 1.1). In 1970, there were 2.3 working-age adults per child (the youth dependency ratio) compared with 3.5 in 1980.[3] This ratio will remain constant throughout the rest of the century.

[2]Projections of the children s population in the age groupings presented here have been derived by the Council on Children and Families from projections prepared by the New York State Department of Commerce. The assumptions upon which these projections were based resemble the population dynamics of the early 1980s more closely than those of the 1970s. Alba and Trent (1986b) have produced summaries of the assumptions contained in these projections. Life expectancy is assumed to continue to improve moderately (3%) to 2000. Although birth expectations are still low, fertility rates are expected to increase by 12 percent between 1980 and 2000. Finally, it is assumed that the state will experience greatly reduced levels of net out-migration between 1980 and 2000 (approximately 470,000 persons).

[3]The standard definition of the youth dependency ratio is the number of children aged birth through 14 divided by the population aged 15 through 64 (the working-age population or potential labor force). Although this definition of children differs from that used in the remainder of this chapter, the standard youth dependency ratio is used here to be consistent with common statistical practice.

Figure II **Geographic Distribution of Children**



Source: Table 1

Geographic Distribution

Approximately 40 percent of the children in New York State lived in New York City in 1970, 1980, and 1985 (see Table 1 and Figure II). Projections indicate that this is expected to be the case in the year 2000 as well. This stable geographic distribution occurred despite different trends in the size of the children's population within each area of the state.

During the 1970s, the children's population in New York City fell by 19 percent. The population loss slowed to 2 percent between 1980 and 1985, but another 6 percent decline is projected between 1985 and 1990. During the 1990s, the size of the children's population in New York City is expected to be stable.

In contrast, the children's population in the rest of the state declined by a smaller amount during the 1970s (14%) and by a larger amount between 1980 and 1985 (11%). Between 1985 and 2000, the size of this population will be fairly constant, decreasing by only 1 percent.

Thus, between 1970 and 1985, the children's population decreased 21 percent in New York City and 24 percent in the rest of the state. A decline is also projected in both regions between 1985 and 2000, although of a much smaller magnitude.

Children have comprised, and will continue to comprise, a decreasing fraction of the total population than adults both in New York City and in the rest of the state. Children comprised 33 percent of the total population in New York City in 1970, 30 percent in 1980, and are expected to comprise 27 percent in 2000. The decline in the children's share of the total population was even greater in the rest of the state, where children were 40 percent of the total population in 1970, 34 percent in 1980, and are expected to be 28 percent in 2000. Whereas children comprised a smaller proportion of the total population in New York City than in the rest of the state in 1970, by the year 2000, children are expected to comprise nearly equal shares of the total population in both areas of the state.

CHARACTERISTICS OF THE CHILDREN'S POPULATION

The demographic characteristics of New York State's children are closely associated with their life chances (e.g., their standard of living, health, opportunities, and risks). This association exists whether the children's population is stable, growing, or declining in size. The age, sex, and racial/ethnic profiles of New York State's children are presented below.

Age

The age composition of the children's population reflects the size of the various component age groups: birth through 2, 3 through 5, 6 through 12, 13 through 17, and 18 through 20. The size of these groups is primarily related to the annual number of births. There are changes in the number of children born each year (a birth cohort), so the number of children in each age group changes as each birth cohort ages. Trends in the annual number of births between the late 1940s and the late 1970s produced significant fluctuations in the sizes of various age groups between 1970 and 1985.

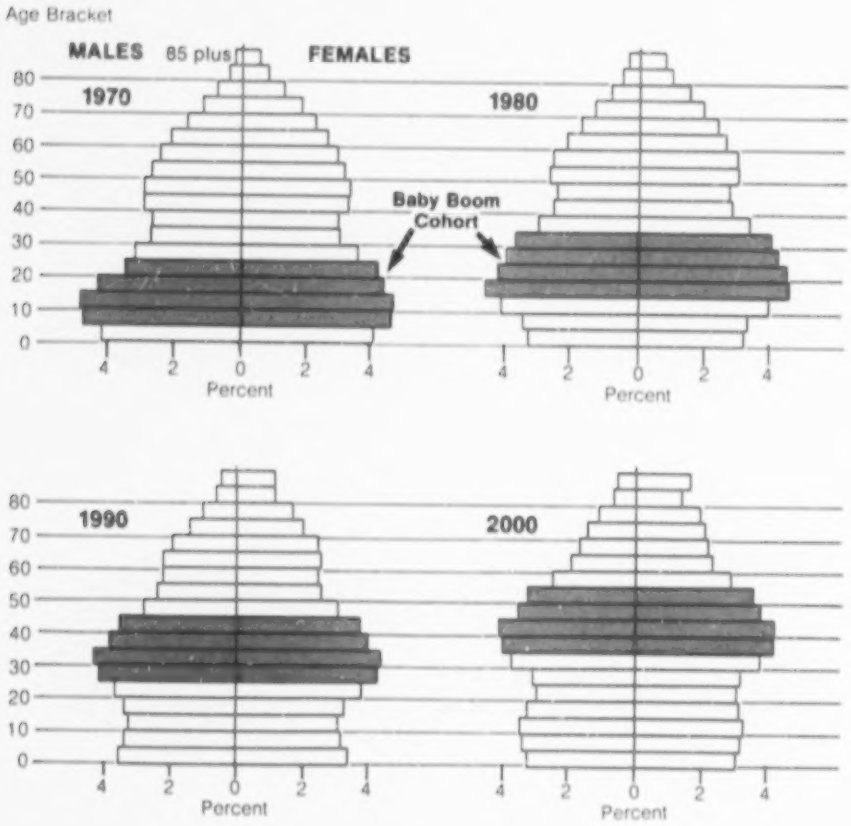
Fertility rates in New York State had been declining gradually between the early 1900s and World War II.[4] After World War II, however, they rose dramatically and an unusually large number of children were born. Individuals born between 1946 and 1964 are generally known as the baby boom. The movement of this cohort through the age groups is shown in the darkened areas of the population pyramids in Figure III. The average number of births in New York State just before the baby boom was about 230,000 per year, while during the middle of the baby boom approximately 360,000 children were born each year.

Births declined gradually between the mid-1960s and the early 1970s, at which point there was a substantial drop in the annual number of births. Fertility remained low during most of the 1970s, but began to rise again in 1979 and through the mid-1980s, as the large number of women born during the baby boom began having their children. Fertility is projected to rise gradually throughout the remainder of this century (State Data Center, 1985).

In 1970, the large numbers of children born during the baby boom were age 6 and over. By 1980, most of the baby boom had aged into the adult years, although the youngest of the boom were age 16. Also in 1980, the small birth cohorts of the 1970s comprised the children's population under age 6. By 1985, all of the children born during the baby boom had become adults and the low fertility cohorts of the 1970s were in grade

[4]Fertility rates refer to the number of births per 1,000 women of childbearing age, generally 15 through 44, and not to the ability of women to bear children.

Figure III **Population Profiles**
showing 5-year cohorts



Source: Census Bureau, 1982; New York State Department of Commerce, State Data Center, 1985.

school. There were increasing numbers of children under age 6, largely born to baby boom women.

Table 1 presents the age distributions and median ages of New York State's children for 1970, 1980, and 1985. It also presents projections for 1990 and 2000. Children from birth through age 5 comprised 27 percent of all children in 1970, 24 percent in 1980, and 27 percent in 1985. Children aged 6 through 12 have declined as a proportion of the children's population. They comprised 36 percent of the children's population in 1970, but only 31 percent by 1985. Teenagers, aged 13 through 17, comprised 24 percent of the children's population in 1970. This grew to 27 percent in 1980, but once again declined to 25 percent by 1985. Youth, aged 18 through 20, comprised 13 percent in 1970 and 17 percent in both 1980 and 1985.

The age distribution of the children's population projected for the year 2000 assumes that there will be approximately the same number of births each year between 1980 and 2000. By 2000, the birth through 5 age group is expected to comprise 28 percent of the children's population, the 6 through 12 age group 34 percent, the 13 through 17 age group 24 percent, and the 18 through 20 age group 14 percent.

In 1970, the median age of the children's population was 10.6 years. This increased to 11.8 years by 1980, when the part of the baby boom still in the children's population were teenagers. That figure was higher than it is expected to be again this century. The median age is expected to fall to 10.4 years by 1990 and to rise only slightly, to 10.5 years, by 2000 as the annual number of births becomes more similar from year to year.

This trend in median age can be found both in New York City and in the rest of the state, although the children's population is, in all years, younger in New York City. In 1985, the median age of children in New York City was 10.8 years, while it was 11.4 years in the rest of the state. The lower median age in New York City can be related to the geographic differentials in fertility rates, discussed later in this chapter.

Sex

There are nearly equal numbers of boys and girls in New York State. In 1985, there were 2,632,554 males from birth through age 20 and 2,568,397 females. There is a predictable excess of one sex or the other, however, in specific age groups. This imbalance may be related to three specific factors.

First, the likelihood of giving birth to a boy or a girl is not quite equal. For every 100 female births, there are 105 male births. Second, infant and juvenile mortality rates are higher for males, so as children become older the sex ratio, or the number of males per 100 females, approaches 100. Sex ratios for New York State children and youth for 1970 and 1980 are presented in Table 2. Third, migration differentials by sex also contribute to the declining sex ratio, since male teenagers are more likely to move than females. Indeed, by the late teens and thereafter, there are more females than males in all age groups. Reliable estimates of the sex ratio for 1985 are not available.

Sex ratios were lower in New York City than in the rest of the state. That is, there were relatively fewer males per 100 females in New York City. This may be attributed to two factors. A higher proportion of New York City's population is nonwhite and the sex ratio is lower for nonwhites. Higher mortality rates in New York City also contribute to the lower sex ratios within specific age groups. Between 1970 and 1980, there was no change in the New York City sex ratio (101.0), while the ratio increased from 102.8 to 104.0 in the rest of the state. This reflects the improvement in juvenile mortality rates in the rest of the state (see section on Mortality below).

TABLE 2
Sex Ratios[a] for Children
New York State, New York City, Rest of the State
1970, 1980

Age	1970	1980
	New York State	
Total	**102.1**	**102.9**
Birth - 2	104.2	104.4
3 - 5	104.0	104.7
6 - 12	104.7	104.4
13 - 17	103.3	103.4
18 - 20	90.6	97.2
	New York City	
Total	**101.0**	**101.0**
Birth - 2	103.8	103.5
3 - 5	103.4	103.7
6 - 12	103.7	103.2
13 - 17	101.6	100.8
18 - 20	88.9	93.4
	Rest of the State	
Total	**102.8**	**104.0**
Birth - 2	104.5	105.2
3 - 5	104.4	105.4
6 - 12	104.7	105.1
13 - 17	104.4	104.8
18 - 20	91.7	99.4

[a]Number of males per 100 females in each age group.

Source: Produced from Census Bureau, 1973, 1982.

Race/Ethnicity

There are a variety of ways to classify race and ethnicity. For most geographical areas, the decennial census provides the only data on the racial and ethnic composition of the population. The U.S. Bureau of the Census allows individuals to select both a race and an ethnic origin on the census form. These data have been combined into a single classification.

TABLE 3
Racial/Ethnic Distribution
Of Children (Birth - 20)
New York State, New York City, Rest of the State
1970, 1980

	1970		1980	
Race/Ethnicity	**Number**	**Percent**	**Number**	**Percent**
		New York State		
Total	**6,726,515**	**100%**	**5,640,154**	**100%**
White	5,132,331	76	3,880,353	69
Black	887,900	13	907,652	16
Hispanic	645,745	10	697,596	12
Other[a]	60,539	1	154,553	3
		New York City		
Total	**2,599,180**	**100%**	**2,102,434**	**100%**
White	1,317,475	51	768,298	37
Black	663,893	26	648,239	31
Hispanic	579,229	22	586,261	28
Other[a]	38,583	1	99,636	5
		Rest of the State		
Total	**4,127,335**	**100%**	**3,537,720**	**100%**
White	3,814,856	93	3,112,055	88
Black	224,007	5	259,413	7
Hispanic	66,516	2	111,335	3
Other[a]	21,956	1	54,917	2

[a]Includes non-Hispanic children of Asian, Pacific Islander, Native American, Eskimo, Aleut, and other races not elsewhere classified.

Source: Analysis of Census Bureau, 1972b, 1983b.

The race/ethnicity data presented here, and throughout most of this report, have been categorized in the following manner. All children who were of Hispanic origin were assigned to the Hispanic category, regardless of their racial classification.[5] Non-Hispanic children

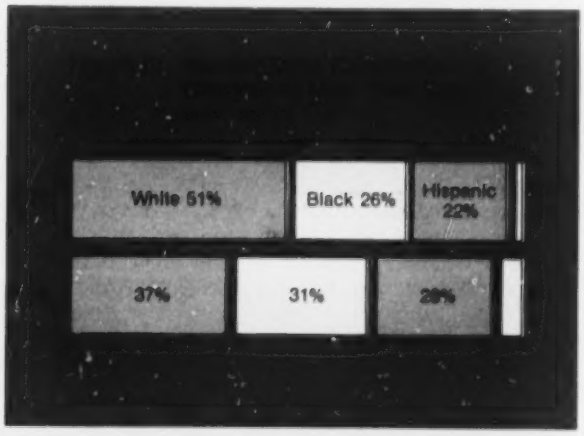
[5]Children were determined to be Hispanic if the person in the household who filled out the census questionnaire reported them to be of Spanish origin or descent.

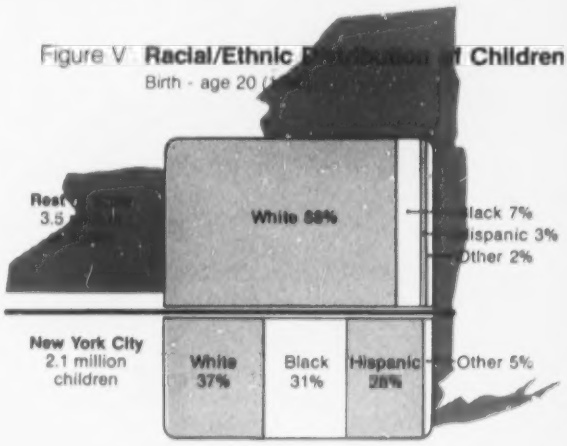
were classified as black, white, or "other." The "other" category includes children of Asian, Pacific Islander, Native American, Eskimo, Aleut, and other races not elsewhere classified. Table 3 presents the racial/ethnic distribution of New York State's children and youth

In 1980, the majority of New York State children (69%) were white. Sixteen percent were black, 12 percent were Hispanic, and 3 percent were of some other race/ethnicity. The racial/ethnic composition of the children's population changed dramatically between 1970 and 1980. In 1970, 76 percent of the population was white. This change resulted from an absolute decrease in the number of whites (24%), and increases in the number of Hispanic children (8%) and children of other races/ethnicities (155%). The number of black children was relatively stable between 1970 and 1980, increasing by just 2 percent.

The decline in the number of white children between 1970 and 1980 was primarily due to racial/ethnic differentials in migration patterns, but was also a consequence of the decline in fertility rates. While the number of white families who left the state was proportional to their share of the population, a disproportionately small number of white families moved into New York State (Alba & Batutis, 1984). The number of Hispanic children increased because of higher fertility rates for Hispanics, and because of immigration from the Spanish-speaking Caribbean and Latin American countries. Immigration from Asia caused the large percentage growth in the "other" racial/ethnic category. The number of black children stayed essentially stable through the combination of a net migration loss and a fertility rate sufficiently high that it not only counterbalanced the effects of migration, but also losses due to deaths and children aging into the adult years.

A continuation of these changes in the racial/ethnic composition of New York State is indicated by data from the 1985 Current Population Survey (CPS).[6] In 1985, 64 percent of the state's children's population was white, 17 percent black, 15 percent Hispanic, and 3 percent of other races/ethnicities (Census Bureau, 1986).





Source: Table 3

The population dynamics described below, particularly migration trends, affected the racial/ethnic composition of New York City more than that of the rest of the state. In 1970, whites comprised 51 percent of the children's population in New York City. Their share had fallen to 37 percent in 1980 (see Figure IV). Indeed, in terms of absolute numbers, there were 42 percent fewer white children in New York City in 1980 than in 1970. There was also a small decline in the size of the black children's population in New York City, although their share of the children's population increased due to the changes in the numbers of children in other categories. The numbers of Hispanic children and children of other races/ethnicities, as well as their proportion of the New York City children's population, increased between 1970 and 1980.

In the rest of the state, there was also a decline in the size of the white children's population and an increase in the number of black children and Hispanic children, and children of other races/ethnicities. Nevertheless, in 1980, the vast majority (88%) of the children living in non-New York City counties were white (see Figure V). Altogether, 80 percent of the state's white children lived in non-New York City counties in 1980, up from 74 percent in 1970.

DYNAMICS OF POPULATION CHANGE

Trends in the size and composition of the New York State children's population may be attributed to four sources: births, deaths, net migration, and "aging" into the adult years. The relative influence of these sources of change varied by region of the state between 1970 and 1985. Of these factors, births, or trends in fertility,

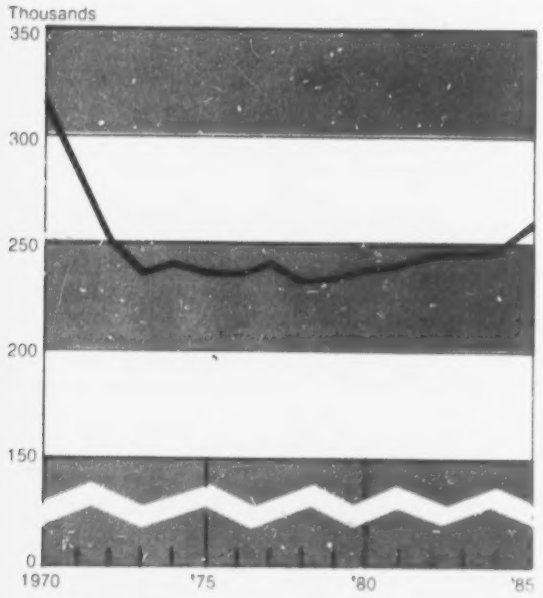
[6]CPS data are not entirely comparable with census data and are subject to sampling variability. They are best used in comparison with other CPS data to provide information on the direction of change, and not to provide precise estimates.

played an important role in population change. Aging also had a considerable influence on the size of the children's population, an influence that was uniform across all regions of the state. Migration was also important, but the effects of migration were different in New York City than in the rest of the state. Children's deaths, or trends in mortality, however, had only a slight impact on the changes that occurred in the children's population.

Births

The annual number of births in New York State declined dramatically (18%) between 1970 and 1985 (see Figure VI and Appendix Table 1.2). This contributed substantially to the reduction in the size of the children's population. There were 317,153 births in 1970 compared with 258,826 births in 1985 (New York State Department of Health [DOH], n.d.a., n.d.b). The annual number of births did not decline uniformly between 1970 and 1985. Instead, the number of births dropped significantly in 1972 and reached their lowest level in 1978 (see Figure IV). Births began to rise slightly after that as a number of baby boom women began having their children.

Figure VI **Live Births**



Source: Appendix Table 12

Trends in the number of births were similar in New York City and the rest of the state. In 1985, there were 113,784 births in New York City, 21 percent fewer than in 1970. In the rest of the state, there were 145,042 births in 1985, 16 percent fewer than in 1970.

The number of births occurring each year is determined jointly by the number of women in the childbearing ages (generally taken to be 15 through 44 years of age) and the average number of children each woman bears over her lifetime. The fertility decline of the 1970s was primarily a function of a decline in the average number of children born to each woman, while the increase in the number of births in the 1980s was largely due to an increase in the number of women in the childbearing ages. Fertility rates in New York State were lower than the national rates in 1970 and declined by a greater percentage during the 1970s.

In 1970, there were 3,832,135 women in New York State aged 15 through 44. It was estimated that these women, over the course of their lives, would have an average of 2.4 children per woman (see Table 4).[7] By 1980, the number of women in the childbearing ages had increased to 4,087,273, but each would have, on average, only 1.6 children, or 30 percent fewer than in 1970. In 1985, there were more women in the childbearing ages (4,233,000), who would have an average of 1.7 children per woman.

In 1970, total fertility rates were slightly lower in New York City (2.3 children) than in the rest of the state (2.5 children). But, by 1980, fertility rates were somewhat higher in New York City (1.7 children) than in the rest of the state (1.6 children). Between 1980 and 1985, fertility rates rose (to 1.9 children) in New York City, but remained constant in the rest of the state.

TABLE 4
*Total Fertility Rates**
New York State, New York City, Rest of the State
1970, 1980, 1985

	1970	1980	1985
New York State	2.4	1.6	1.7
New York City	2.3	1.7	1.9
Rest of the State	2.5	1.6	1.6

*Average number of children estimated to be born to a group of 1,000 women, if, over the course of their lives, they bore children at current age-specific fertility levels.

Source: Produced from Census Bureau, 1973, 1982; State Data Center, 1985; and the New York State Department of Health, Bureau of Biostatistics, n.d.a, n.d.b, n.d.c.

Differences in fertility rates between New York City and the rest of the state primarily reflect the racial/ethnic compositions of the two areas, but are also affected by racial differentials in fertility rates. Racial detail in the vital statistics data (births, deaths) used in this chapter consists of two categories: white and other races. Data for Hispanics may be included in either category. In both 1970 and 1980, proportionately fewer of the women in the childbearing ages in New York City were white (73% and 55%), compared with women in this age range in the rest of the state (94% and 91%).

[7] The measure of fertility used here is the Total Fertility Rate (TFR). It estimates the average number of children that a woman would have, if, over the course of her life, she bore children at the current, age-specific rates. Because some infants die, the TFR needed for the population to replace itself is 2.1 rather than 2.0. In the absence of migration, zero population growth would occur if women had replacement-level fertility (TFR=2.1) for several generations.

Although the racial difference in fertility rates is narrowing, white fertility rates are still lower than the fertility rates for other races. In 1970, the fertility rate for other races in New York State (2.8 children) was 22 percent higher than the white rate (2.3 children). By 1980, the rate for other races (1.7 children) was just 5 percent higher than the white rate (1.6 children).

The geographic difference in fertility rates can be shown to be a function of the racial composition of the two areas of the state through an examination of the geographic difference in the rates for each racial group. In 1980, the fertility rate for other races in New York City was actually lower (1.6 children) than the rate for other races in the rest of the state (1.9 children). The white fertility rate in New York City was 1.7 children, just slightly higher than the white rate in the rest of the state (1.6 children). The post-1980 increase in the fertility rates of New York City may be at least partially attributed to the continuing change in the racial/ethnic composition of the childbearing population of that city. However, this cannot be examined directly since racial/ethnic estimates of the population in various areas of the state are not available.

Mortality

Children's mortality rates fell during the 1970s (see Appendix Table 1.3). Table 5 presents age-specific mortality rates for New York State's children. As discussed in *Chapter 5: The Health and Illness of Children*, the probability of a child dying is greatest during the first year of life. Infant mortality declined by 45 percent between 1970 and 1985. This was quite similar to the national decrease. Mortality rates for children of other ages also fell substantially. The rates for children under age 10 declined by about 40 percent between 1970 and 1985, while rates for youth aged 10 through 19 fell by about one-third.

When compared with the changes in fertility rates, the decline in children's mortality rates, although significant, had only a slight counterbalancing influence on the size of the children's population. There were 9,868 deaths of New York State infants and children in 1970, compared with 4,679 in 1985 (DOH, n.d.a, n.d.c).

Historically, children's mortality rates have been higher in New York City than in the rest of the state. Furthermore, during the 1970s and first half of the 1980s, mortality rates for children under 10 years of age declined by smaller percentages among New York City children than among those in the rest of the state. Thus, the geographic differential widened for children under age 10. For example, in 1970 mortality rates for children aged 1 through 4 were 33 percent higher for children from New York City than in the rest of the state, but were 59 percent higher in 1985. Among children aged 10 and over, however, mortality rates declined by a larger percentage for children from New York City, and the geographic differential for children in this age group was greatly reduced.

Geographic differences in children's mortality rates are a function of the different racial compositions of the populations in the two areas of the state and racial differentials in mortality rates. White mortality rates are generally lower than mortality rates for other races, regardless of the location of the child within the state. For example, in 1980, the infant mortality rate in New York City was 15.15 deaths per 1,000 births, 44 percent higher than the rate in the rest of the state (10.55 deaths per 1,000 births). Nearly 57 percent of the births in New York City were of other races, compared with 11 percent of the births in the rest of the state. Furthermore, infants of other races were at a higher risk of dying. In 1980, the mortality rate for infants of other races in New York State was 17.78 deaths per 1,000 births, 63 percent higher than the white infant mortality rate of 10.89 deaths per 1,000 births.

Therefore, these geographic trends in juvenile mortality reflect the more rapid growth of the young children's population of other races in New York City relative to its growth in the older age groups

TABLE 5

Age-Specific Mortality Rates[a], New York State, New York City, Rest of the State 1970, 1980, 1985

Age	1970	1980	1985
		New York State	
Less than 1	19.48	12.53	10.71
1 - 4	.76	.56	.46
5 - 9	.36	.27	.23
10 - 14	.37	.26	.25
15 - 19	1.00	.81	.66
		New York City	
Less than 1	21.59	15.15	12.81
1 - 4	.89	.63	.59
5 - 9	.37	.29	.25
10 - 14	.40	.26	.25
15 - 19	1.20	.90	.71
		Rest of the State	
Less than 1	17.72	10.55	9.07
1 - 4	.67	.50	.37
5 - 9	.35	.26	.22
10 - 14	.35	.26	.24
15 - 19	.87	.76	.63

[a]The infant (< 1) mortality rate is the number of deaths per 1,000 live births. Mortality rates for other ages are the number of deaths per 1,000 children that age in the population.

Source: Produced from Census Bureau, 1973, 1982; State Data Center, 1985, and the New York State Department of Health, Bureau of Biostatistics, n.d.a, n.d.b, n.d.c.

Aging of the Youth Population

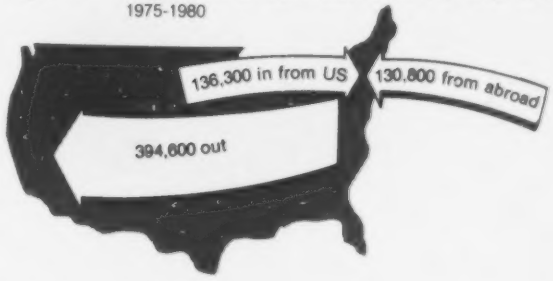
The effect of the fertility decline was exacerbated by the aging of the baby boom generation into the adult years during the 1970s and early 1980s. This was the cause of the growth of the adult population during the 1970s. The baby boom was aged 6 through 24 in 1970. By 1985, the youngest of the baby boom was 21 years old. Thus, the decline in the children's population during this period occurred because fertility

rates were at historically low levels and the annual number of births did not compensate for the large decline in the children's population due to aging. Migration trends, however, also contributed to the decline.

Migration

Migration is the final factor that influenced the size of the children's population. During the 1970s, New York State lost at least 127,000 children through migration (see Table 6). This figure represents the combination of a larger net loss of children to other states and a probable net gain through immigration from abroad (see Figure VII). There are no figures available on emigration (migration to a foreign country). Thus, overall, migration contributed to the decline in the number of children in New York State between 1970 and 1980.

Figure VII **Migration of Children In and Out of NYS**
1975-1980



Source: Alba & Batutis, 1984

TABLE 6
Migration of Children Aged 5 Through 19[a]
New York State
From 1975 Through 1980

Net Migration Between New York State and All Other States	**-258,280**
Northeast	- 61,400
Midwest	- 19,840
South	-129,720
West	- 47,320
Immigration From Abroad	+130,800
Puerto Rico	+ 19,520
Caribbean	+ 26,360
Latin America	+ 19,240
Asia	+ 26,680
Europe	+ 17,800
Other	+ 21,200

[a]Children under the age of 5 are not included because their migration status is not defined in the census.

Source: Alba and Batutis, 1984.

Data on migration trends are generally available only through the decennial census. These data indicate whether a family's place of residence in 1980 was the same as in 1975, and if not, where the family was located at that time. Thus, the amount and pattern of migration can only be assessed for that five-year period. Further, no information is available for children under age 5 in 1980. The data on the net migration of children presented in Table 6 and discussed in this section are from an analysis of census data conducted by Alba and Batutis (1984).[a]

Between 1975 and 1980, the rate of migration out of New York State was similar to that of other Northeastern states. The net migration loss of New York State children occurred because the rate of migration into New York State from other states was quite low. Over 258,000 more children moved to other parts of the United States than moved into New York State from the rest of the country.

In general, two types of migration to other states occurred. First, families and their children moved from New York State because of unemployment and other considerations. More than half of the state's loss of children through migration was to sunbelt states in the south and west. In particular, Florida was the single largest recipient of New York State children.

The second type of migration was movement that is normally thought of as suburbanization. Housing shortages and other considerations led many New York City families and their children to move to neighboring counties in Connecticut and New Jersey. Overall, those two states received 13 percent of New York State's loss of children to other states. The suburbanization process was also evident in the pattern of migration within New York State. New York City's net migration loss of children aged 5 through 14 was eight times that of other urban areas of the state. At the same time, there was net in-migration of children among counties on Long Island and in the Mid-Hudson region.

The movement of children from abroad into New York State at least partially offset the domestic migration loss. Between 1975 and 1980, approximately 130,000 immigrant children moved into New York State. It is not known how many children moved abroad from New York State, although it has been estimated that there is one emigrant for every three immigrants (Warren & Kraley, 1985).

Undocumented immigrants may not be fully represented in the census figure, although some undocumented alien children were counted. According to Census Bureau estimates based on these counts, there were approximately 48,000 undocumented immigrants under the age of 20 in New York State who were counted in the 1980 census. There are no estimates by state of the number who were not counted in the census.

The pattern of children's migration was different for New York City than for the rest of the state. While New

[a]Net migration is the difference between the number of individuals who move into an area and the number who move out of it during a specified period of time.

York City had a larger net migration loss to other states, about 80 percent of the people who came to New York State from abroad settled in New York City (Alba & Batutis, 1984; Alba & Trent, 1986a). Although these children came from a wide variety of countries, half were from the Caribbean or Latin America.

The migration pattern for other parts of the state did not resemble that of New York City. Although there was net out-migration of children to other states from the Buffalo and Rochester metropolitan areas and counties in the Southern Tier, significant numbers of children from abroad did not move to these areas. There was little population loss due to migration in the remainder of the state; that is, the number of children who moved out approximated the number who moved in.

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HIGHLIGHTS

- *Most children (97%) in New York State households lived with at least one parent in both 1970 and 1980. However, a decreasing proportion of New York State children lived with two parents. Only 74 percent lived with married parents in 1980 compared with 82 percent in 1970.*
- *The percentage of families with children in New York State that are single-parent families is expected to increase from 24 percent in 1980 to 29 percent in the year 2000.*
- *In New York State, half of all black children lived with a single parent in 1980 compared with 42 percent of all Hispanic children and 13 percent of all white children.*
- *Marital disruption was the most common reason why New York State children lived with a single parent. In 1980, 61 percent of all children living with a single parent lived with a divorced or separated parent.*
- *The likelihood that New York State children in single-parent households would be living with never-married parents doubled from 12 percent in 1970 to 24 percent in 1980; this increase was greater for black children (from 23% in 1970 to 40% in 1980) and for Hispanic children (13% to 30%). In 1985, over one-quarter of all births in New York State were to mothers who were not married.*
- *In New York State, approximately 16 percent of all children in 1980 lived in households that included either related or unrelated adults in addition to their parents. Children with single fathers were most likely to also be living with another adult (48%) followed by children with single mothers (27%) and children with married parents (11%).*
- *In 1980, black children in New York State were more likely to be in families that included extended family members (18%) than either Hispanic (14%) or white (9%) children.*
- *Between 1970 and 1980, the average number of children in New York State households that contained children declined from 2.3 to 2.0. The decline was greatest in black households (from 2.5 to 2.1 children per household).*
- *New York State children living with single mothers in 1980 were nearly twice as likely to be living with a parent who had not graduated from high school than children living with two parents (46% vs. 24%). Sixty-one percent of all Hispanic children, 41 percent of all black children, and 21 percent of all white children lived with a householder with less than four years of high school.*

CHAPTER 2

Children in Families

"Family ties, it seems clear, are not archaic remnants of a disappearing traditionalism, but persisting manifestations of human needs for stability, continuity, and nonconditional affection."

Mary Jo Bane
1976

A child's quality of life is greatly influenced by the family in which he or she lives. It is primarily through the family that values, attitudes, and aspirations are transmitted; that emotional stability is set; and that life opportunities are given. A family's ability to nurture and provide for its children, however, affects more than the individual children involved; it is also a key to our society's future, for children eventually become the adults upon whom dependent elderly and subsequent generations of children must rely.

Many important family assets such as love, commitment, ability to communicate, and ability to inspire are not readily quantifiable. Their presence enriches the lives of children regardless of family form or material wealth. This chapter is limited to a presentation of information on such measurable elements of human resources within a family as the number of adults present; how they are related; and the age, education, and marital status of parents in the household.[1] It also presents the number of children per household who share the physical, emotional, and financial resources of the resident adults. Racial/ethnic and regional differences are highlighted and trends in these differences compared over time.

Most of the information presented in this chapter describes the structure and characteristics of New York State families from the child's point of view (e.g., how many people live with each child and what are their relationships to the child). The chapter begins, however, with a profile of the changing composition of all households in New York State. This broader context provides an important framework within which the changing living arrangements of children may be examined.

Unless otherwise noted, the data presented in this chapter come from published census data or the Council on Children and Families' analysis of the public-use microdata files from the 1970 and 1980 censuses of population and housing (U.S. Department of Commerce, Bureau of the Census [Census Bureau], 1972, 1983). When appropriate, information from the March 1985 Current Population Survey (CPS) is presented as well (Census Bureau, 1986a.)[2]

CHANGING HOUSEHOLDS

Number and Types of Households

There were over 6.6 million households in New York State in 1985, 5 percent more than in 1980 (Census Bureau, 1982a, 1986d). This increase represented a continuation of the growth in the number of households that occurred between 1970 and 1980. Despite a population loss of 4 percent during the 1970s, the number of households increased by 7 percent, from 5.9 million in 1970 to 6.3 million in 1980. The numbers of specific types of New York State households in 1980 are shown in Figure I. Trends in the number of households in New York State between 1970 and 2000 are presented in Table 1.

This section refers to various types of households. Three main features are used to define these types: whether or not the household contains individuals who are related to the householder (family vs. non-family households), whether or not the family contains a spouse of the householder (married-couple family vs. other family),[3] and whether or not there are children present.

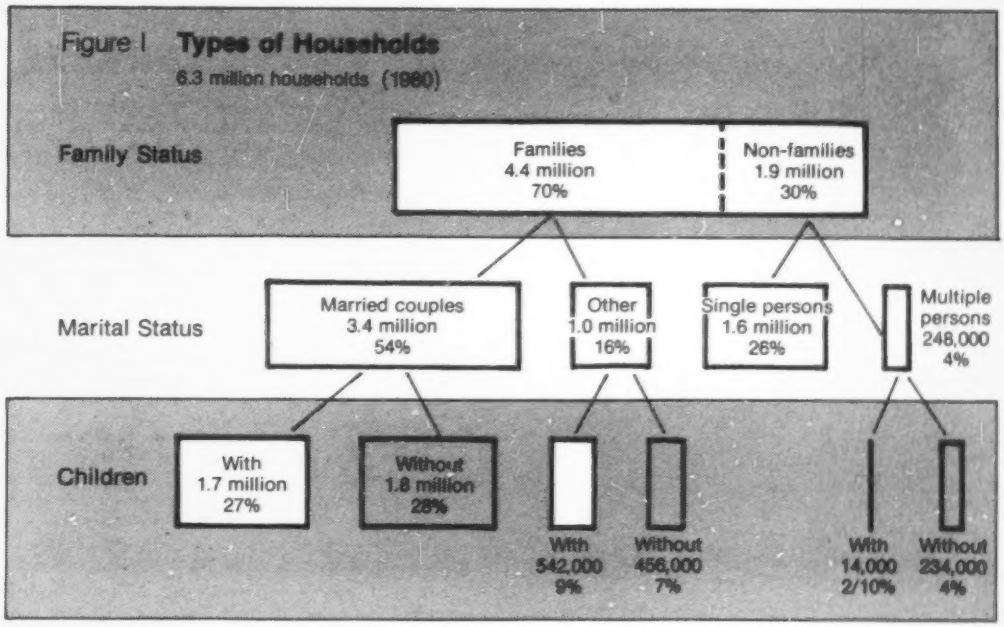
During the 1970s, the amount and direction of change in the number of New York State households varied according to household type. Households that contained families remained the most common type of household. They declined in number, however, in the 1970s (3%) as non-family households increased (43%). As a result, family households represented only 70 percent of all New York State households in 1980 compared with 78 percent in 1970.

In both 1970 and 1980, approximately 9 out of 10 non-family households were comprised of people living

[1] A household consists of all persons residing in a housing unit. It is a more inclusive unit than a family which is defined by the United States Department of Commerce, Bureau of the Census (Census Bureau) as "a group of two or more persons related by blood, marriage, or adoption and residing together" (Census Bureau, 1982b). A household may contain one or more families. There may also be non-family households consisting of a single person or one or more individuals who are unrelated to the householder. Over 99.5 percent of all children in New York State live in households. Children living in institutional arrangements are excluded from this chapter. For a discussion of children not living in households see Chapters 8 and 9.

[2] Data from the Current Population Survey (CPS) are collected from a nationally representative sample of households. Analyses for 1985 are based on data from New York State households in the March 1985 CPS sample. Because this data set is relatively small, analysis could not be completed with confidence to the same level of detail that was possible with the larger census data sets. Additionally, because of the differing data collection methodologies used to collect census and CPS data, it is inappropriate to compare census figures at one point with CPS figures from another. Thus, trends between 1980 and 1985 are assessed by using the CPS data for both years.

[3] The term "other family" refers to a family household maintained by a single person.



Source: Table 1

TABLE 1
Number of Households by Type
New York State
Selected Years 1970 Through 2000

Household Type	Census		Projections	
	1970	1980	1990	2000
Total	**5,913,861**	**6,340,429**	**6,757,000**	**7,076,000**
Families With Children	**2,434,837**	**2,234,278**	**2,411,000**	**2,539,000**
Married Couples	2,088,313	1,692,368	1,723,000	1,753,000
Other Families	346,524	541,910	688,000	786,000
Families Without Children	**2,149,779**	**2,208,970**	**2,319,000**	**2,403,000**
Married Couples	1,749,713	1,753,375	1,822,000	1,879,000
Other Families	400,066	455,595	497,000	524,000
Non-families	**1,329,245**	**1,897,181**	**2,027,000**	**2,134,000**

Note: Projections have been rounded to the nearest thousand.

Source: Census Bureau 1973, 1982a; Household projections were prepared by the New York State Council on Children and Families and reviewed by the New York State Department of Commerce, State Data Center, 1985. These projections are provisional, pending release of the official household projections by the State Data Center.

alone. The multiple-person non-family household, however, was the fastest growing of all household types over the decade, increasing by 83 percent to 248,000 households in 1980. Nearly one-quarter of these households contained an unmarried (cohabiting) couple.[4]

Although the total number of family households in New York State declined during the 1970s, some types of families became more prevalent. The number of single-parent families increased by 56 percent, as did the number of other families without children. At the same time, the total number of married couples decreased by 10 percent. This was due entirely to a decline in the number of married couples with children under 18 living at home (19%), since the number of married couples without minor children remained stable.

In both 1970 and 1980, about half of all families contained children under 18 years of age. The proportion stayed the same even though the number of families containing children declined by 8 percent. This stability in the propensity of families to have children occurred because of two offsetting trends. While there was a dramatic increase in the number of single-parent families during the 1970s (56%), the number of married couples with children declined by 19 percent. However, since married couples comprised 78 percent of all families, this smaller decline counterbalanced the larger increase in single-parent families.

[4]The Census Bureau defines an unmarried-couple household as one which contains two unrelated adults of the opposite sex. The analysis included here further refines this definition to include only those couples who classify themselves as partners or roommates. Both of these definitions are limited in that they exclude unmarried homosexual couples.

Household Projections

According to projections developed by the Council on Children and Families, it is estimated that there will be 7.1 million households in New York State by the year 2000, a 12 percent increase over the number in 1980 (Table 1). Non-family households are expected to grow by 12 percent during this period, and family households are expected to increase by 11 percent. The growth among family households will come about primarily as a consequence of the continued increase in the number of single-parent families.

It is projected that there will be 45 percent more single-parent family households in 2000 than there were in 1980. This increase is based on the assumption that there will be a decline in the rate of increase in single-parent families that occurred during the 1970s.

The number of married-couple households is also expected to rise, but at a slower rate. It is estimated that married couples with children will increase by 4 percent, while married couples without children will increase by 7 percent. Indeed, by the year 2000, single-parent households are projected to account for 31 percent of all households containing children compared with 24 percent in 1980.

Dynamics of Household Change

Many types of events determine the number and types of households formed by the New York State population. Some of these events are the result of decisions about living arrangements made by individuals, while others are beyond the control of the individual.

Factors that are related to household formation include marriage; age at first marriage; cohabitation; having a child, within or outside of marriage; divorce; remarriage; life expectancy; and the propensity of older adults, particularly women, to maintain independent households after the death of a spouse.

A single event may involve a change in the number of households, in the distribution of household types, and in average household size. For example, a divorce may transform a household containing a married couple and children into two households; one of which may contain a single parent and children, and the other a non-family household. Both of these new households would be smaller than the original. Not all events, however, involve a change in all three aspects of the household profile. A birth, for example, does not in itself result in the formation of a new household. It may result in a change in household type if it is a first birth, but if it is a subsequent birth, it will only increase household size.

The collective expression of such decisions or events may be measured in rates of occurrence in the population. Examined over time, these rates may be used as indicators of change in the household formation process. Trends in such key indicators as rates of marriage, fertility, divorce, and remarriage are presented in Table 2.

The rate at which New Yorkers marry declined between 1970 and 1980. This trend contributed to the decrease in the number of married-couple households during this period. There were 8.9 marriages per 1,000 individuals in the total population in 1970 compared with 8.4 in 1980. As the largest part of the baby boom generation reached the most common ages for marriage during the early 1980s, the marriage rate increased rapidly. By 1985, there were 9.6 marriages per 1,000 individuals in the New York State population.

Marriage rates are lower in New York State than they are nationally. Furthermore, the trend in marriage rates was different nationally than in New York State. The rate of marriage across the United States was 10.6 marriages per 1,000 population in both 1970 and 1980 but had declined to 10.2 per 1,000 by 1985.

One of the reasons that the marriage rate declined was that people delayed getting married. Individuals may have delayed marriage in order to complete additional schooling, to pursue careers or for other economic reasons (Census Bureau, 1985). Nationally, between 1970 and 1980, the age at first marriage increased by over a year, so that in 1980, the median age at first marriage was 21.8 years for brides and 23.6 years for grooms. This trend was related to the increase in the number of adult children who remained in their parents' homes and to the increase in the

TABLE 2
Trends in Selected Social Indicators
New York State
1970, 1980, 1985

Social Indicator	1970	1980	1985
Marriage Rate[a]	8.9	8.4	9.6
Median Age at First Marriage[b]			
Men	N.A.	24.3	25.6
Women	N.A.	22.6	23.9
Cohabitating Couples[c]	17,200	56,500	N.A.
Divorce Rate[d]	3.7	8.4	8.9
Remarriage Rate[e]	22.6	24.2	N.A.
Fertility Rate[f]	82.3	58.5	61.2
Nonmarital Fertility Rate[g]	26.5	28.1	32.3
Nonmarital Births as Percentage of All Births	13%	24%	28%

[a]Marriages per 1,000 population.
[b]Data for counties outside of New York City only.
[c]A living arrangement that includes a householder who is not currently living with a spouse, and an unrelated adult of the opposite sex whose relationship to the householder is that of partner or roommate. This definition of cohabitation is limited in that it is based on the structure of living arrangements rather than on the content of the relationship.
[d]Divorces and annullments per 1,000 females 15 years of age or older.
[e]Remarriages of females per 1,000 divorced or widowed females.
[f]Births per 1,000 females 15 through 44 years of age.
[g]Nonmarital births per 1,000 unmarried females 15 through 44 years of age.

Source: Census Bureau, 1972, 1973, 1982a, 1983; New York State Department of Health, Bureau of Biostatistics, n.d.a, n.d.b, n.d.c, 1986; New York State Department of Commerce, State Data Center, 1985.

number of non-family households, as well as to the decline in the number of married-couple families.

No data on median age at first marriage exist for New York State as a whole, although figures are available for the state outside of New York City. In 1980, the median age at first marriage for individuals outside of New York City was 22.6 years for brides and 24.3 years for grooms. This had increased to 23.9 years for brides and 25.6 years for grooms by 1985 (Table 2).

Delayed marriage has meant that more people than ever before who are in their early twenties have never been married (Census Bureau, 1986c). In 1980, 66 percent of the women in New York State aged 20 through 24 and 80 percent of the men in this age group had never been married compared with 50 percent of the women and 65 percent of the men in 1970. Nevertheless, most people marry eventually. Current estimates are that about 10 percent of those currently in their twenties will never marry (Norton & Moorman, 1986). This is consistent with the proportion who remained single in the early decades of the century, although it is higher than the 5 to 7 percent who remained single in the 1950s and 1960s.

Despite the decline in the rate of marriage, there was a threefold increase during the 1970s in the number of cohabiting-couple households. This increase was consistent with the national pattern. In 1980, there were over 56,000 multiple-person non-family households in New York State in which a person of the opposite sex from the householder was described as a partner or roommate. No data are available on the number of cohabiting-couple households in New York State in post-census years. Nationally, however, there was a 40 percent increase in the number of cohabiting-couple households between 1980 and 1986 (Census Bureau, 1986b).

Between 1970 and 1980, the divorce rate in New York State more than doubled, increasing from 3.7 to 8.4 divorces or annulments per 1,000 females aged 15 and over (Table 2). Rising divorce rates contributed to the decline in the number of married-couple families and to the increase in the number of non-family households and single-parent families. Data for 1985 indicate that the divorce rate was still increasing and was then 8.9 divorces per 1,000 females aged 15 and over. On average, one out of two couples married today may be expected to divorce (Cherlin, 1981).

Most people who divorce remarry. About five out of six men and three out of four women remarry after a divorce (Cherlin, 1981). Approximately half of all remarriages take place within three years of the divorce. Remarriage is more likely for whites than for nonwhites and for younger persons than for older ones.

During the 1970s, the rate of remarriage was relatively stable. In 1970, there were 23 remarriages of brides per 1,000 widowed and divorced females in New York State. This had increased to 24 remarriages per 1,000 widowed and divorced females in 1980. This trend did little to offset the effect of the increasing divorce rate on the distribution of household types. Although more recent data are not available for New York State, national data indicate that the national decline in the remarriage rate has ceased (Norton & Moorman, 1986).

Fertility rates in New York State declined from 82 births per 1,000 women in the childbearing ages in 1970 to 59 births per 1,000 women in 1980. This contributed to the reduced proportion of families that contained children and to the decline in the average number of children per family. Although fertility rates rose between 1980 and 1985, this increase was quite modest and should not reverse the associated trends in household composition.

While there was an overall decline in fertility rates, there was an increase in nonmarital fertility rates in New York State. The proportion of births that occurred outside of marriage nearly doubled from 13 percent in 1970 to 24 percent in 1980. By 1985, 28 percent of all births in New York State were to unmarried women.[5] Although these trends in fertility are consistent with the national patterns, fertility rates in New York State are lower than for the United States as a whole, while the percentage of nonmarital births is higher.

CHILDREN'S LIVING ARRANGEMENTS

The traditional view of families — a married couple with children in which the father is the sole provider — is for most children a view of the past. Only 38 percent of all children in New York State lived in such a "traditional" family in 1980 compared with 54 percent in 1970. The rest lived in a wide variety of family configurations, including single-parent families, extended families, and cohabiting families.

TABLE 3

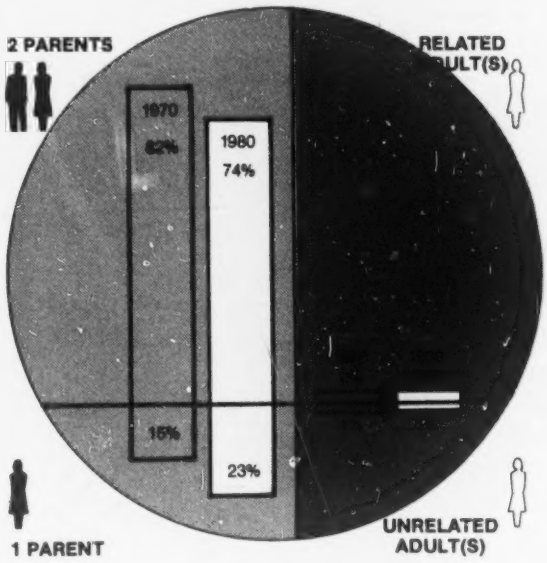
Percentage of Children[a] by Family Composition New York State, New York City, Rest of the State 1970, 1980

Family Composition	Children's Residence					
	New York State		New York City		Rest of the State	
	1970	1980	1970	1980	1970	1980
Total[b]	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Two Parents	82	74	72	61	88	82
One Parent	15	23	24	35	10	16
No Parents, Other Related Adults	2	2	3	4	1	1
Nonrelated Adults Only	1	1	1	1	1	1

[a]Birth through 17 years of age
[b]Percentages may not sum to 100 due to rounding

[5]Over one-quarter (27%) of all nonmarital births were to women under 20 years of age.

Figure II **Children's Living Arrangements**
through age 17



Source: Table 3

Presence of Parents

For most children, parents are the most important adults in their lives. In both 1970 and 1980, 97 percent of all children in New York State households lived with at least one parent. Between these years, however, a decreasing proportion lived with two parents.[a] As seen in Table 3 and Figure II, 74 percent of all children in 1980 lived with two parents — down from 82 percent in 1970.

Table 4 presents family composition by race/ethnicity of the child. For black and Hispanic children, the likelihood of having two parents in their households was much lower than for white children (see Figure III). Less than half of all black children and only slightly more than half of all Hispanic children lived with two parents in 1980. At the same time, 85 percent of all white children lived with two parents.

The proportion of children living with two parents was lower in New York City than in the rest of the state, regardless of race/ethnicity. Further, the decline in the prevalence of this type of living arrangement over the last decade was greater in New York City (from 72% in 1970 to 61% in 1980) than in the rest of the state (88% vs. 82%).

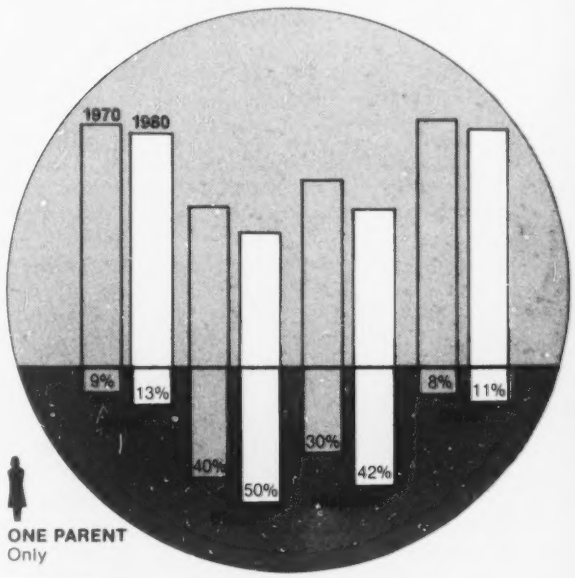
The percentage of all children living with a single parent rose from 15 percent in 1970 to 23 percent in 1980. There were substantial racial/ethnic differences in the percentage of children living with single parents. In 1970, 40 percent of all black children lived with a single parent compared with 30 percent of all Hispanic children and 9 percent of all white children. By 1980, these percentages rose to 50 percent for blacks, 42 percent for Hispanics, and 13 percent for whites.

Geographic differences in the propensity for children to live with single parents varied by race/ethnicity. These differences were greatest for Hispanic children (Appendix Table 2.1). In 1980, 45 percent of the Hispanic children in New York City were living with a single parent compared with 25 percent in the rest of the state. Among black children, the proportion ranged from 51 percent in New York City to 46 percent in the rest of the state. The proportion of white children living with just one parent varied by only 2 percentage points — 15 percent in New York City and 13 percent in the rest of the state.

In both 1970 and 1980, only 3 percent of all New York State children did not live with a parent. Nearly two-thirds of these children (or 2% of all children) lived with a householder to whom they were related, most often a grandparent (48%). There were some racial/ethnic and geographic differences in this pattern. In 1980, 6 percent of all black children lived with a nonparental relative compared with 4 percent of all Hispanic children and 1 percent of all white children. Similarly, children living in New York City were more likely to be in the care of nonparental relatives (4%) than children in the rest of the state (1%).

Fewer than 1 percent of all children in New York State lived either alone or with unrelated persons only. The living arrangements of these children are unclear. Some are foster children. Approximately 40 percent

Figure III **Children Living with a Single Parent**
by Racial/Ethnic Group



Source: Table 4

[a]Relationships on the census are coded from the perspective of the householder (i.e., spouse of householder, child of householder). In this analysis, the spouse of the householder is considered the second parent of any child of the householder. It is impossible to determine if either parent is the biological, adoptive, or stepparent of the child.

TABLE 4
Percentage of Children[a] by Family Composition And Race/Ethnicity of Child New York State 1970, 1980

Family Composition	Children's Race/Ethnicity							
	White		Black		Hispanic		Other	
	1970	1980	1970	1980	1970	1980	1970	1980
Total[b]	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Two Parents	89	85	53	43	66	53	85	86
One Parent	9	13	40	50	30	42	8	11
No Parents, Other Related Adults	1	1	5	6	3	4	3	2
Nonrelated Adults Only	1	1	2	2	1	1	3	1

[a]Birth through 17 years of age.
[b]Percentages may not sum to 100 due to rounding.

TABLE 5
Percentage of Children Living With a Single Parent By Marital Status and Sex of Parent New York State 1970, 1980

Marital Status and Sex of Single Parent	1970	1980	% Change 1970-1980
Total, Single Parent			
Number Children	910,300	1,085,500	+19%
% with Mother	88%	91%	
% with Father	12	9	
Married, Spouse Absent[a]			
Number Children	97,700	57,900	-41%
% with Mother	56%	81%	
% with Father	44	19	
Widowed			
Number Children	174,100	106,720	-39%
% with Mother	83%	85%	
% with Father	17	15	
Divorced			
Number Children	156,500	321,880	+106%
% with Mother	92%	90%	
% with Father	8	10	
Separated			
Number Children	370,000	335,060	-9%
% with Mother	96%	93%	
% with Father	4	7	
Never Married			
Number Children	112,000	263,940	+136%
% with Mother	93%	94%	
% with Father	7	6	

[a]Married person whose husband or wife was not enumerated as a member of the same household (e.g., spouse in military and stationed away from home).

of them are living in a household that contains an unmarried couple. These children, although not related to the householder, may in fact be children of the householder's partner.

Data from the March 1985 Current Population Survey, while not wholly comparable with census data, suggest that the trend of increasing numbers of children living with single parents in New York State continued through the mid-1980s. The proportion of all children living with single parents was 28 percent in 1985.[7]

Although census data provide a "snapshot" picture of the distribution of children in various types of families, in reality, many children are involved in a series of family forms. For example, at any one point in time most children in New York State live with two parents. Yet, recent projections indicate that over the course of their childhoods, approximately 60 percent will spend at least part of a year with only one parent (Norton & Glick, 1986). Children whose parents' marriages are disrupted and who remain with their mothers are expected to spend at least five years in a mother-child family and may experience at least two episodes of living in a one-parent family before reaching the age of 18 (Bumpass, 1984).

Children Living With a Single Parent

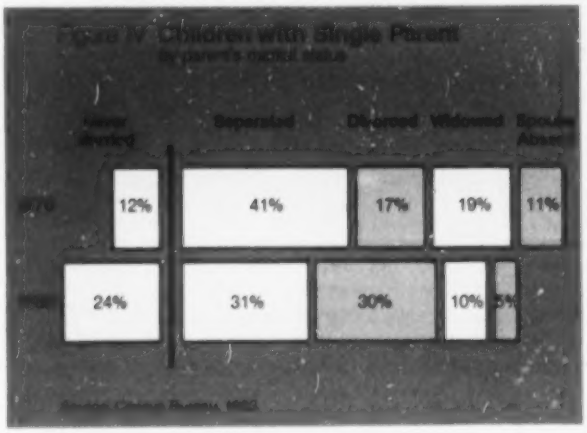
The vast majority of all children in New York State who live with single parents live with their mothers. Further, as seen in Table 5, the tendency to live with mothers instead of fathers increased from 88 percent in 1970 to 91 percent in 1980. The proportion of single-parented children living with mothers was highest in New York City (93% in 1980) (Appendix Table 2.2).

[7]The March 1980 and March 1985 CPS cannot be compared in this instance due to changes in the CPS instrument.

Marital disruption was the most common reason why New York State children lived with single parents. As presented in Figure IV, 61 percent of all children in single-parent households lived with a separated or divorced parent in 1980 as did 58 percent in 1970. In 1980, white children living with single parents were more likely to be living with a divorced or separated parent (73%) than either black (49%) or Hispanic (58%) children (Table 6).

Reflecting the escalating rates of nonmarital births, the number of New York State children in single-parent households who were living with never-married parents increased by 136 percent between 1970 and 1980 (Table 5).

Table 6 presents the proportion of children living in single-parent families who are living with never-married parents. Data for all single-parented children can be obtained by adding the proportion of those living with mothers to those living with fathers. Although single-parented children in all racial/ethnic groups were more likely to be living with never-married parents in 1980 than in 1970 (see Figure V), the increase was greater for black children (from 23% in 1970 to 40% in 1980) and Hispanic children (13% to 30%) than white children (5% to 8%) or children from other groups (10% to 14%). In both 1970 and 1980, children living with just one parent in New York City were twice as likely as children in the rest of the state to be living with a never-married parent (31% vs. 15% in 1980) (Appendix Table 2.2).



Presence of Additional Adults

The increased likelihood of children to live with a single parent was also reflected in a slight decline in the mean number of parents present in households that contained children. Surprisingly, this trend did not result in a decline in the mean number of adults present in such households. Between 1970 and 1980, the mean number of parents in households with children changed from 1.8 to 1.7. At the same time, the mean number of adults remained constant at 2.2.

TABLE 6

Percentage of Children Living With Only One Parent
By Marital Status, Sex of Parent
And Race/Ethnicity of the Child
New York State
1970,1980

Custodial Parent's Marital Status	Children's Race/Ethnicity: White 1970	White 1980	Black 1970	Black 1980	Hispanic 1970	Hispanic 1980	Other 1970	Other 1980
Total[a]	100%	100%	100%	100%	100%	100%	100%	100%
Total With Mother	**83**	**86**	**94**	**94**	**92**	**94**	**83**	**84**
Married, Spouse Absent	7	4	6	4	4	5	14	11
Widowed	23	12	11	6	9	5	12	13
Divorced	22	41	9	15	13	20	17	26
Separated	28	23	46	31	54	36	31	23
Never Married	4	7	22	38	12	28	10	11
Total With Father	**17**	**14**	**6**	**6**	**8**	**6**	**17**	**16**
Married, Spouse Absent	7	1	2	1	3	1	10	2
Widowed	5	3	2	1	1	1	0[b]	2
Divorced	2	6	0[b]	1	2	1	5	6
Separated	2	3	2	2	1	1	2	2
Never Married	1	1	1	2	1	2	0[b]	3

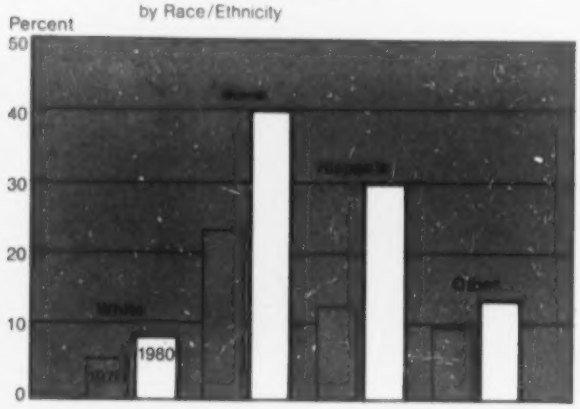
[a]Percentages may not sum to 100 due to rounding.
[b]Less than 0.5 percent.

Racial/ethnic and geographic differences in the mean number of adults living in households with children were very small. In both 1970 and 1980, black and Hispanic children had, on average, 2.0 adults in their households. At the same time, white children and children from other racial/ethnic groups lived with an average of 2.2 and 2.4 adults per household, respectively. Children in New York City had nearly the same number of adults per household (2.1) as children in the rest of the state (2.2) (Appendix Table 2.3).

Countering the decline in the presence of parents was an increase in the likelihood that children lived with related or unrelated adults in addition to their parents. Between 1970 and 1980, the proportion of children who had additional adults in their household rose from 13 to 16 percent (Appendix Table 2.4).

Several factors are associated with the likelihood of having additional adults in households with children including the number of parents present, race/ethnicity of the child, and place of residence. In both 1970 and 1980, only 10 to 11 percent of the children with two parents also lived with another adult. In contrast, approximately one-quarter of all children with a single mother also lived with other adults (22% in 1970 and 27% in 1980). Closer to one-half of the children with a single father lived with extra household adults (48% in 1970 and 54% in 1980).

Figure V **Children Living with a Never-Married Parent**
by Race/Ethnicity



Source: Table 6.

The difference in the presence of additional adults between children with a single mother and those with a single father was primarily the result of the difference in the presence of unrelated adults. In 1980, 18 percent of all children with a single mother and 22 percent of those with a single father also lived with related adults (e.g., aunts, grandparents, or adult siblings). In contrast, children living with single fathers were nearly four times as likely to be also living with an unrelated adult (e.g., parent's partners or roommates) (27%) as were children living with a single mother (7%).

TABLE 7
Percentage of Children in Household By Total Number of Siblings in the Household New York State, New York City, Rest of the State 1970, 1980

Number of Siblings in Household	Children's Residence					
	New York State		New York City		Rest of the State	
	1970	1980	1970	1980	1970	1980
Total	100%	100%	100%	100%	100%	100%
0	15	20	18	21	13	19
1	27	36	30	34	26	37
2	24	25	23	24	25	26
3+	34	19	29	21	36	18

In 1980, black and Hispanic children were more than twice as likely to have related or unrelated adults living with them than were white children. In the same year, children from New York City were more likely to live in households that included additional adults than were children in the rest of the state (Appendix Table 2.5).

Fewer Children

The average number of children in households with children declined from 2.3 in 1970 to 2.0 in 1980; this was similar to the national decline (Census Bureau, 1981). Analysis of the 1985 CPS data for New York State indicated that there had been little change in this average in the early 1980s.

Households in both New York City and the rest of the state experienced this decline. In 1970, the average number of children in households with children was lower in New York City than in similar households in the rest of the state (2.2 vs. 2.4, respectively). This gap closed over the decade to 2.0 in both areas of the state in 1980 (Appendix Table 2.6).

The decline in average number of children was greater for some racial/ethnic groups than others (Appendix Table 2.6). Reductions in the average number of children in black households were the greatest. Between 1970 and 1980, the average number of children in black households declined by 0.4 children per household compared with 0.3 Hispanic and white children per household.

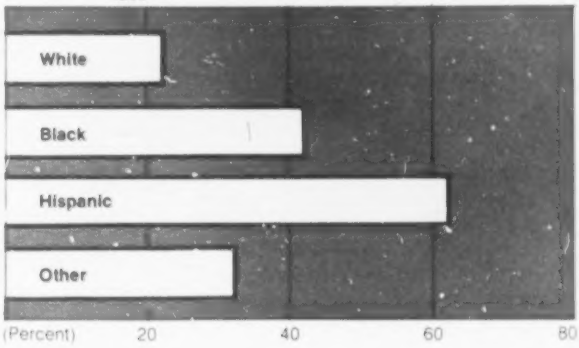
Associated with the decline in the number of children per household was a decrease in the likelihood that children had more than one sibling. Only 42 percent of all children in New York State resided in households with no more than one sibling in 1970 (Table 7). By 1980, the majority of children in the state (56%) lived with, at most, one sibling. At the same time, the proportion of children who lived with three or more siblings declined from 34 to 19 percent.

The tendency to live with fewer siblings increased for all children regardless of residence or race/ethnicity. However, the change was greatest among children

living in counties outside New York City. The proportion of children in New York City with three or more siblings declined from 29 to 21 percent between 1970 and 1980. In contrast, 18 percent of all children in the rest of the state had at least three siblings in 1980 —down from 36 percent in 1970.

Changes in the number of siblings by race/ethnicity over the decade were also dramatic. Between 1970 and 1980, the proportion of white children who lived with three or more siblings declined from 32 to 17 percent. The proportion of black children in similarly large families declined from 42 to 27 percent. Thirty-eight percent of all Hispanic children lived with at least three siblings in 1970 compared with 24 percent in 1980 (Table 8).

Figure VI **Children Whose Parents* Completed less than 4 years High School**
1980



*Householder

Source: Table 9

CHARACTERISTICS OF PARENTS

Many parents lack sufficient income to meet the basic needs of their children. Two main factors influence a parent's ability to gain the marketplace skills needed to generate sufficient income — work experience and education. In general, younger parents are less experienced. Those parents with less experience or fewer years of education tend to have lower incomes.

Data on the age and education of parents with whom New York State children lived in 1970 and 1980 are provided in Tables 9 and 10. Although only minor changes occurred in parental age over the decade, children in 1980 were more likely to have better educated parents than were children in 1970. There were, however, important differences in parental characteristics depending on whether children lived with both parents, with single mothers, or with single fathers.

Parent's Age

Children living with single mothers were more likely to be living with parents who were younger than were children living with both parents or with single fathers. Over half of New York State's children who lived with single mothers in 1980 lived with mothers who were under 35 years of age. In contrast, less than one-third of the children with two parents or single fathers had parents below the age of 35 (Table 9).

In general, black and Hispanic children had younger parents than either white children or children from other groups. Nearly one-half of all black (45%) and Hispanic (46%) children lived with a parent under 35 years of age in 1980. Only one-third of all white children and 28 percent of children from other backgrounds lived with an equally young parent (Table 10). Geographic differences in the age of a child's parent were very small (Appendix Tables 2.7 and 2.8).

Parent's Education

Education is among the most powerful determinants of earnings (Duncan, 1984). As seen in Table 9, 70

TABLE 8
Percentage of Children in Household
By Total Number of Siblings in the Household
And Race/Ethnicity of the Child
New York State
1970, 1980

Number of Siblings in the Household	Children's Race/Ethnicity							
	White		Black		Hispanic		Other	
	1970	1980	1970	1980	1970	1980	1970	1980
Total[a]	100%	100%	100%	100%	100%	100%	100%	100%
0	15	20	13	20	12	18	14	20
1	28	38	23	30	26	32	33	40
2	25	25	22	24	24	26	27	25
3+	32	17	42	27	38	24	26	15

[a]Percentages may not sum to 100 due to rounding.

TABLE 9

Percentage of Children[a] Living With One or Both Parents By Selected Characteristics of the Parent New York State 1970, 1980

Characteristics of the Parent	Total		Percentage of Children Living With: Both Parents		Mother Only		Father Only	
	1970	1980	1970	1980	1970	1980	1970	1980
Age of Parent[b]								
Total[c]	100%	100%	100%	100%	100%	100%	100%	100%
Under 25	5	5	3	2	11	12	4	6
25 - 34	30	32	28	30	40	40	24	27
35 - 44	42	41	43	42	33	35	33	37
45+	24	23	25	25	16	13	39	30
Education[d]								
Total[c]	100%	100%	100%	100%	100%	100%	100%	100%
Less than 4 years of high school	41	30	37	24	61	46	50	39
High School, 4 years	33	35	34	35	29	36	32	34
College: 1 to 3 years	11	16	12	17	6	13	13	13
4+ years	15	19	18	24	4	6	9	13

[a]Birth through 17 years of age
[b]Age of father if two parents are present
[c]Percentages may not sum to 100 due to rounding
[d]Education of the householder. For approximately 3 percent of the children, the householder is not their parent

percent of all children in 1980 were living with a parent who had at least a high school education compared with 59 percent in 1970.

Yet, the level of education attained by children's parents varied dramatically by the number and sex of parents present in the household. Children living with single mothers in 1980 were nearly twice as likely to be living with parents who had not graduated from high school than children living with two parents (46% vs. 24%). The proportion of children with single fathers who dropped out of school (39%) was somewhat lower than the proportion with single mothers, but still well above the overall state average (30%).

Racial/ethnic differences in parental education were even more pronounced. As presented in Table 10 and Figure VI, 61 percent of all Hispanic children in 1980 were living with a householder (in most cases a parent) with less than four years of high school. In contrast, 41 percent of all black children and 21 percent of all white children were cared for by a parent who had not completed school.

In 1980, substantial differences existed in parental education depending on a child's residence. Children living in counties outside New York City tended to live with better educated parents than those living in New York City regardless of race/ethnicity or family type. Only among black children was parental education similar in both parts of the state (Appendix Tables 2.7 and 2.8).

TABLE 10

Percentage of Children[a] in Different Racial/Ethnic Groups By Selected Characteristics of Parents New York State 1980

Characteristics of the Parent	Children's Race/Ethnicity				
	Total	White	Black	Hispanic	Other
Age of Parent[b]					
Total[c]	100%	100%	100%	100%	100%
Under 25	5	3	9	9	2
25 - 34	32	30	36	37	26
35 - 44	41	42	37	37	48
45+	23	25	18	17	24
Education[d]					
Total[c]	100%	100%	100%	100%	100%
Less than 4 years of high school	30	21	41	61	26
High School, 4 years	35	37	37	24	19
College: 1 to 3 years	16	18	14	10	11
4+ years	19	24	7	5	44

[a]Birth through 17 years of age
[b]Age of father if two parents are present
[c]Percentages may not sum to 100 due to rounding
[d]Education of the householder. For approximately 3 percent of the children, the householder is not their parent

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HIGHLIGHTS

- The median income (in 1979 dollars) of New York State households with children declined by 3 percent during the 1970s, from $20,592 in 1969 to $19,985 in 1979.
- The median income of households with children was lower in New York City in 1979 ($14,805) than it was in the rest of the state ($22,355).
- In 1979, the median household income of single mothers in New York State ($7,455) was less than one-third that of married couples with children ($23,015) and less than one-half that of single fathers ($16,360). Furthermore, the median incomes of single mothers in New York State declined by 10 percent between 1969 and 1979, while the median incomes of married couples with children increased by 4 percent.
- In 1979, the median incomes of New York State families with children maintained by whites ($22,565) were substantially higher than those maintained by blacks ($12,305) or Hispanics ($10,260). During the 1970s, the real incomes of white New York State households with children were stable, while those of blacks and Hispanics declined. Thus, the income gap widened during the decade. This was true for all household types except for black married-couple families who gained relative to white married-couple families during the decade.
- In 1979, the incomes of the most affluent fifth of households with children in New York State were more than eight times higher than those of the poorest households. During the 1970s, the bottom four-fifths of households with children experienced income declines, while the incomes of the top fifth increased slightly.
- During the 1970s, there was a significant increase in the number of households with two earners. In 1980, 42 percent of all married-couple families with children in New York State contained two working parents compared with 31 percent in 1970.
- In 1979, single mothers in New York State received a smaller fraction of their income from earnings (52%) than either married couples with children (92%) or single fathers (82%).
- In 1979, approximately 10 percent of New York State single mothers' incomes came from "other" sources, including child support. Nationally, child support was awarded to 59 percent of mothers with children under the age of 21 whose father was not living with them. Fewer than half (42%) of those awarded child support received the full amount. On average, support payments were equal to $100 per month per child.
- In 1985, approximately one out of every four New York State children was living in poverty, increasing from one in five in 1979 and about one in ten in 1969. The majority of poor children in New York State (63%) in 1979 lived in New York City.
- In 1979, over half (55%) of the children living with a single mother were in poverty compared with 22 percent of those living with a single father and 9 percent of those living with two parents. Three-quarters of the Hispanic children living with a single mother were poor as were nearly 60 percent of black children and 38 percent of white children.
- In 1979, the poor children's population in New York State was almost equally comprised of white (36%), black (32%), and Hispanic (31%) children. However, when looked at as a proportion of their respective populations, black and Hispanic children were more likely to be poor (38% and 45%, respectively) than white children (10%).

CHAPTER 3

The Economic Status of Children

"Economic status is perhaps the single most powerful predictor of a child's opportunity for success, for well-being, and for self-sufficiency."

Economic Policy Council of UNA-USA
1985

Children's economic status declined during the 1970s and the first half of the 1980s. A variety of factors contributed to this decline, all of which may be categorized as either family or societal influences. Children are not responsible for their own economic status, since they usually do not produce income and they can neither control the incomes of other family members nor influence general economic forces.

Children's economic status is determined by the number of people with whom they live and by the economic circumstances of those people. Changes in children's living arrangements, discussed in *Chapter 2: Children in Families*, contributed to the decline in children's economic status. As fewer children lived with two parents and more children lived with single mothers, the same trends that led to the "feminization of poverty" led to the pauperization of children.

In addition to these family changes, several societal forces reduced the economic status of children. During the 1970s and early 1980s, there were four recessions and unemployment was high. Furthermore, inflation eroded families' buying power and resulted in tax policies becoming increasingly detrimental to the economic well-being of families. The effects of these influences were exacerbated during the 1980s as federal budget cuts reduced support for poor families.

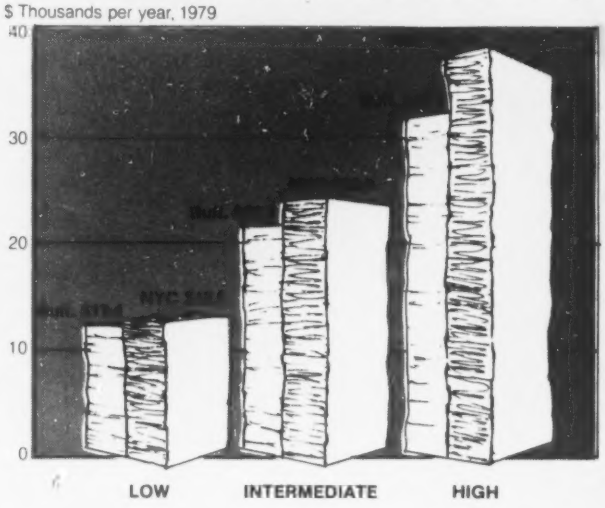
This chapter presents the trends in children's economic status between 1969 and 1985. Trends in the economic status of households containing children are presented rather than data for children, since children generally do not have incomes but rely on the incomes generated by other household members. A discussion of the factors influencing these trends is also provided. Finally, the impact of trends in household income on children is addressed through an examination of the number and characteristics of children living in poverty.

Unless otherwise noted, the data presented in this chapter come from published census data or from the Council on Children and Families' analysis of the public-use microdata files from the 1970 and 1980 censuses of population (U.S. Department of Commerce, Bureau of the Census [Census Bureau], 1972, 1983c). Trends between 1979 and 1985 are assessed through an analysis of the March 1980 and March 1986 Current Population Surveys (CPS), also conducted by the Census Bureau (Census Bureau, 1982b, 1986b).[1]

COST OF MAINTAINING A FAMILY

Although economic status is generally thought of in terms of economic resources, the need for income is also an important part of the picture. Thus, information on the cost of maintaining a family, presented in this section, provides a useful context from which to view the data that follow on the incomes of children's families. An assessment of the cost of providing for such necessities as housing, food, clothing, transportation, and health care is complicated. Costs vary according to geographic location and family composition. How much is spent is also related to the amount of money available. Several studies have been conducted on how much it costs each year to maintain a family

Figure I **Cost of Maintaining a Family of Four**
3 budget levels: NYC/NJ metro area vs. Buffalo metro area



Source: Appendix Table 3.1

[1]Data from the Current Population Survey are collected from a nationally representative sample of households. The 1985 analysis is based on data from New York State households in the March 1986 CPS sample. Because this data set is relatively small, analysis could not be completed with confidence to the same level of detail that was possible with the larger census data sets. Additionally, because of the differing methodologies used to collect census and CPS data, it is inappropriate to compare census figures at one point with CPS figures from another. Thus, trends between 1980 and 1985 are assessed by using the CPS data for the appropriate years.

and how much it costs to rear a child from birth to adulthood. Results from these studies provide an important benchmark from which to gauge the adequacy of family income.

A study by the Bureau of Labor Statistics found that for two urban areas in New York, the cost of raising a family of four was among the highest in the nation (U.S. Department of Commerce, Bureau of Labor Statistics, 1980). According to this study, the annual cost (1979 dollars) of maintaining an "intermediate" level of living for a family of four in the Metropolitan New York-Northeastern New Jersey area in 1979 was $23,856 (Appendix Table 3.1).[2] For a family at a "lower" level of living, the annual budget was $12,949; at a "higher" level it was $37,823 (see Figure I). In the Buffalo area, budget costs were somewhat lower. These were estimated at $32,013, $21,806, and $12,409, respectively, for the high, intermediate, and lower levels of living.

Another way of looking at the cost of raising a family is to see how much it costs to raise a child to adulthood. It has been estimated that it would cost a family with an average income about $99,300 (1986 dollars) to raise a child to age 19 (Espenshade, 1984).[3] A low-income family would spend about $90,600, while a family with a high income would spend $117,200. Over the course of the child's life, this would amount to 23 percent of the family's income (Olson, 1983). If four years of residential college are paid for as well, the cost of raising a child would be increased by approximately $40,000 for a public institution (Fiske, 1985). Private colleges are, on average, even more expensive.

INCOME OF HOUSEHOLDS WITH CHILDREN

The most widely used indicator of economic resources is household income, defined as the sum of the gross incomes from all sources during the previous calendar year of all the individuals currently living in the household. The types of income included are wages and salaries, self-employment income, commissions, bonuses and tips, interest, dividends, rental income, Social Security or Railroad Retirement, public assistance payments, unemployment compensation, alimony, and child support.[4]

While measures of household income may approximate the economic resources of the households in which children live, they do not represent the resources that are used by children. Income must be divided among all household members. A recent study found that, on average, each child receives about 40 percent as much as each adult (Lazear & Michael, 1984).

Children's economic well-being is closely tied to the incomes of the households in which they live. Table 1 presents the median incomes of New York State households with children by household type for 1969 and 1979.[5] Incomes have been adjusted for inflation so that all figures are presented in 1979 dollars. Thus, this table displays changes in the real purchasing power of families with children.[6]

TABLE 1
Median Income of Households With Children By Household Type[a]
New York State
1969, 1979

Household Type	1969	1979
Total Households	**$20,592**	**$19,985**
Married Couples	22,176	23,015
Two Working Parents	26,500	27,200
One Working Parent	21,000	21,022
Single Mothers	8,316	7,455
Single Fathers	17,424	16,360

[a]Incomes for 1969 have been adjusted for inflation so that all figures are reported in 1979 dollars.

The median income of all households with children was $19,985 in 1979. The incomes of households with children were 34 percent lower in New York City ($14,805) than they were in the rest of the state ($22,355). Economic circumstances were also clearly associated with household composition. As shown in Table 1 and displayed in Figure II, the median income of households with children that were maintained by single mothers ($7,455 in 1979) was less than one-third the size of those maintained by married couples ($23,015 in 1979) and less than one-half of those maintained by single fathers ($16,360 in 1979).

[2]These budgets are for a precisely defined urban family of four: a 38-year-old husband employed full-time, a nonworking wife, a boy 13 years of age, and a girl 8 years of age.

[3]This family is defined to be two parents with two children. The father is employed full-time and the mother is employed part-time. The children attend public school in a suburban area.

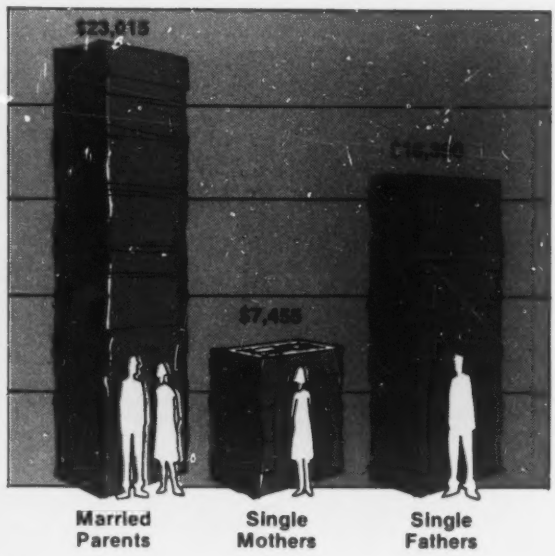
[4]Although this measure of household income appears comprehensive, it is a faulty indicator of household resources in the following ways. Even if accurately reported, not all income is available for household consumption; taxes must be paid (see Box A for a discussion of the effect of taxes on family income). Income is not, however, accurately reported. Individuals often have difficulty recalling how much money was received in the previous year, especially from non-earnings sources. Further, income may provide an incomplete picture of the economic resources of certain households, since, on the one hand, it does not reflect accumulated assets, and on the other, it does not represent the receipt of non-cash transfers, such as health insurance, food stamps, or Medicaid. Nevertheless, the census measure of household income is the best indicator of economic resources that is available.

[5]Income data from the decennial census refer to income received during the previous calendar year. Medians were used rather than means to minimize the effect of extreme (high or low) incomes.

[6]Confidence intervals were produced for these median incomes and are presented in Appendix Table 3.2. Confidence intervals are provided since apparent changes in household income may not be meaningful due to the small size of the sample on which they were based. A significant change is indicated by a lack of overlap between the confidence intervals for 1969 and 1979. Changes that are not statistically significant will be noted in the text.

These differences in economic well-being among types of households can be related to a variety of factors. For example, disparities in the median incomes of men and women ($12,400 vs. $5,700 in 1979) contributed to the differences between the incomes of households maintained by single mothers and other household types. A different average number of workers in each household type also contributed to these income disparities. As would be expected, married-couple families in which two parents worked had higher incomes than those in which just one parent worked. However, the number and gender of workers does not fully explain the difference in household income since families maintained by single fathers had lower incomes ($16,360) than married-couple families in which just one parent worked ($21,200).

Figure II **Median Income of Families**
1979



Source: Table 1

During the 1970s, the median income of households with children in New York State declined by 3 percent. This decline occurred primarily in New York City, where the incomes of households with children fell by 17 percent. Incomes of such households in the rest of the state were stable. The median incomes of households with children declined by another 6 percent between 1979 and 1985.

Not all types of households experienced the same amount of change in income. Between 1969 and 1979, the median incomes of married couples with children increased rather than declined. The incomes of married-couple families in which just one parent worked barely kept ahead of inflation, increasing by less than 1 percent, while the incomes of dual-earner married couples increased by nearly 3 percent.

Adding another worker to the household was one way in which families kept abreast of inflation. The number of dual-earner married couples increased over the decade. In 1980, 42 percent of all married couples with children contained two working parents compared with 31 percent in 1970 (see Box C for further discussion).[7]

Change during the 1970s in the economic status of single-parent families presented quite a different picture. The incomes of households maintained by single mothers fell by over 10 percent. Thus, during the 1970s, the already large gap between the incomes of households with children maintained by married couples and those maintained by single mothers widened. In 1969, the median income of single mothers was just 37 percent that of married couples with children. By 1979, it had fallen by an additional 5 percentage points to 32 percent of married couples' incomes.

TABLE 2
Median Income of Households With Children By Race/Ethnicity and Household Type New York State 1969, 1979

Household Type	1969*	1979
	White	
Total Households	**$22,374**	**$22,565**
Married Couples	23,760	24,290
Single Mothers	10,296	10,050
Single Fathers	19,602	19,322
	Black	
Total Households	**$13,860**	**$12,305**
Married Couples	17,820	20,060
Single Mothers	7,524	7,005
Single Fathers	15,840	14,005
	Hispanic	
Total Households	**$11,880**	**$10,260**
Married Couples	14,850	15,370
Single Mothers	6,732	4,937
Single Fathers	9,900	11,965

*Incomes for 1969 have been adjusted for inflation so that all figures are reported in 1979 dollars.

Trends in the median incomes of households with children by the race/ethnicity of the householder are presented in Table 2.[8] The incomes of all New York State households maintained by whites were higher than those maintained by blacks, and those maintained by blacks were higher than those maintained by Hispanics in both 1969 and 1979. During this decade, the incomes of white households were stable, while the incomes of black and Hispanic households declined (by 11% and 14% respectively). Thus, the gap between the incomes of white households with children and

[7] In this chapter, "working" means having paid employment. It is not meant to imply that parents who remain at home with their children are not working. The Council on Children and Families recognizes and values the very real "work" involved in caring for children.

[8] The confidence intervals for these medians can be found in Appendix Table 3.3.

black and Hispanic households grew larger during the 1970s. In 1969, the incomes of black households with children were just 62 percent those of white households, falling to 55 percent by 1979 (see Appendix Table 3.4). Similarly, the incomes of Hispanic households with children were 53 percent those of white households in 1969, falling to 45 percent in 1979.

Changes in the relative incomes of each racial/ethnic group differed by household type. Among married-

BOX A

Taxes and Family Income

The household incomes discussed in this chapter are measured as gross incomes. Not all of this income, however, is available for personal consumption. A significant fraction is paid in taxes (federal and state income tax, property tax, and Social Security tax). Nationally, households paid an average of $6,400 in taxes in 1984, or 22 percent of their total household income (Census Bureau, 1986a). Although similar data are not available for New York State, rankings of the states on the basis of per capita taxes are available. In 1984, New York State residents paid $2,130 per capita on all state and local taxes; only two other states and the District of Columbia ranked higher in per capita taxes (Census Bureau, 1985b).

The tax burden varies with household composition. In 1984, 22 percent of the incomes of married couples with children in the United States went to taxes, compared with 14 percent of the incomes of single mothers (Census Bureau, 1986a).

Over the past five years, the poor and the near poor were paying an ever greater proportion of their income on taxes, while the reverse was true of the wealthy (Terrell, 1986). At the same time, inflation pushed an increasing number of low-income families into the taxable range.

In 1984, 64 percent of all households in poverty in the United States paid income tax, FICA, or property tax (Census Bureau, 1986a). On average, 7 percent of the income of poor households was paid in these taxes. The tax most frequently paid was the Social Security tax, FICA. Over 40 percent of all poor households paid this tax. Additionally, 9 percent paid federal income tax and 15 percent paid state income tax.

Tax bills for the poor have increased for at least three reasons. The single largest reason is that the values of the personal and dependent exemptions have not been indexed to inflation (Terrell, 1986). This was true of the standard deductions as well. The purpose of these exemptions has been to protect income essential for living costs from taxation. In 1948, the personal exemption was $600. If this exemption had been tied to the cost of living, it would have been worth approximately $2,700 in 1986. Instead, it was set at $1,060.*

Closely related to the devaluation of the dependent exemption was the effective lowering of the tax threshold, the lowest income on which taxes must be paid. In 1948, the poverty line for a family of four was $2,454, which was $200 less than the income tax threshold. Thus, all poor families were exempt from paying income tax. By 1986, the poverty line for a family of four was $11,600, over $2,000 more than the tax threshold, and some poor families were being taxed.

Income taxes are progressive taxes. That is, the tax rates are higher for affluent families than they are for poor families. However, the regressive taxes (sales and FICA) which bear heaviest on the poor, have been rising as a proportion of all tax receipts (Terrell, 1986).

Recent changes in tax laws have eased the tax burden of the poor and have helped to restore the original intent of the personal and dependent exemptions. The Earned Income Tax Credit Act of 1975 provided tax credits for low-income working families with children, or if their incomes were low enough, a cash payment of up to $550 per year. New York State has such a credit as well. Several other tax credits are available to families with children, e.g., the credit for child care and the real property tax circuit breaker credit.

The Federal Tax Reform Act of 1986 will increase the tax threshold so that fewer low-income families are taxed. The New York State Department of Taxation and Finance estimates that under this Act, 600,000 individuals in New York State will be removed from the federal tax rolls (New York State Department of Taxation and Finance, 1986). Finally, once the Act has been fully implemented in 1989, the personal and dependent exemptions will rise to $2,000 and be indexed to inflation along with the standard deduction, so that the cost of maintaining a family will be more accurately reflected in the tax code.

*Another way of measuring the relative value of the personal exemption is to compare it to the growth in family income. Growth in income between 1948 and 1986 exceeded growth in the cost of living. If the value of the personal exemption in 1948 had been adjusted for the growth in income, it would have been worth $6,000 in 1986.

couple households with children, the incomes of those maintained by whites increased the least (2%), while the incomes of those maintained by blacks increased the most (13%). Thus, the income gap between black and white married-couple families narrowed over the decade, so that by 1979 the median income of black married-couple families was 83 percent that of whites, compared with 75 percent in 1969. The incomes of all black families declined even though the incomes of black married-couple families increased because fewer black families were comprised of married couples in 1979 than in 1969. The change over the decade in the incomes of Hispanic married couples was not statistically significant. In both 1969 and 1979, the incomes of Hispanic married couples with children were 63 percent those of white married couples.

The median incomes of all families maintained by single mothers declined between 1969 and 1979, although the declines for white and black single mothers were not statistically significant. The change in the median income of Hispanic single mothers, however, was dramatic (27%), declining from $6,732 in 1969 to $4,937 in 1979.

Thus, during the 1970s, the income gap between black and white single mothers remained fairly constant. The incomes of black families maintained by single mothers were about 70 percent those of whites in both years (see Appendix Table 3.4). During this period, however, the gap between white and Hispanic single-mother families increased substantially. In 1969, the incomes of Hispanic single mothers were 65 percent those of white single mothers, but had declined to less than half (49%) by 1979.

Change in the economic well-being of families maintained by single fathers appeared to vary considerably by the race/ethnicity of the householder, but in fact, due to the small number of single fathers in the sample, none of these changes were statistically significant. In 1979, the incomes of Hispanic single fathers were still just 62 percent as large as those of white single fathers, while the incomes of black single fathers were 72 percent those of whites.

Income Distribution

The median income figures just presented provide a convenient summary of the economic circumstances of households with children. However, additional information can be obtained by examining the income distributions presented in Table 3 and Figure III. This distribution was obtained by ranking all households with children according to their incomes and dividing that distribution into ten equal parts. Thus, households in the first decile are the 10 percent of all households having the lowest incomes. The dollar figures associated with each decile are the incomes of the most affluent household in that decile. For example, in 1979, the income of the top-ranking household in the bottom decile was $4,805. There is no listing for the tenth, or most affluent, decile since it contains the highest incomes of families in the state. Thus, to preserve confidentiality, the Census Bureau does not provide information on the upper income levels for families in this decile.

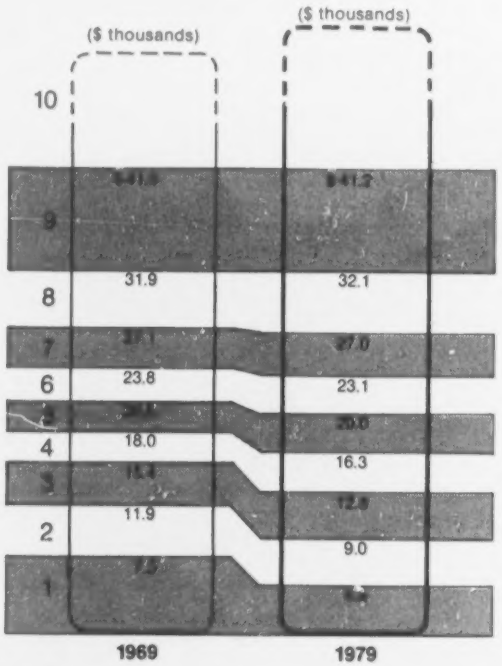
TABLE 3
Income Deciles Households With Children New York State 1969, 1979*

Income Decile of Households	1969	1979
First	$ 7,326	$ 4,805
Second	11,880	9,005
Third	15,444	12,770
Fourth	18,018	16,343
Fifth	20,592	19,985
Sixth	23,760	23,110
Seventh	27,126	27,015
Eighth	31,878	32,110
Ninth	40,986	41,233

*All incomes are presented in 1979 dollars.

In 1969, the incomes of the second most affluent 10 percent of households with children ($40,986) were more than five times the size of the incomes of the poorest 10 percent ($7,326). As the median income of households with children declined during the 1970s, income inequality increased. In 1979, the incomes of the ninth decile of households with children ($41,233) were more than eight times the size of the incomes of the poorest households ($4,805). Thus, in 1979, the households with children at the bottom of the income

Figure III **Income Deciles***
Households with children



*A decile is 10% of the households with children.
Source: Table 3

distribution were both absolutely and relatively poorer than such households in 1969.

During the 1970s, the decline in the median incomes of households with children was pervasive. The bottom four-fifths of households with children experienced income declines. Only the incomes of the eighth and ninth deciles increased, and those only slightly. Moreover, the poorer households experienced greater declines. The incomes of the poorest 10 percent of households with children were 34 percent lower in 1979 than in 1969, and the incomes of the next decile were 24 percent lower. According to 1986 Current Population Survey data, this gap between the poor and middle-class families with children and those families with the highest incomes has persisted into the 1980s.

OVERVIEW OF INCOME SOURCES

Although many New York State children live in families that have adequate or even affluent incomes, children are overrepresented among the poor. This is so for a variety of reasons including general economic trends, the change in household composition, and the strength of economic ties to family members in other households (e.g., absent fathers or mothers).

This section will discuss the sources of income for married couples with children, single mothers, and single fathers. Some household types receive more income from one source than other households. Income sources for households with children have been categorized as: earnings, Social Security, public assistance, and all other sources.

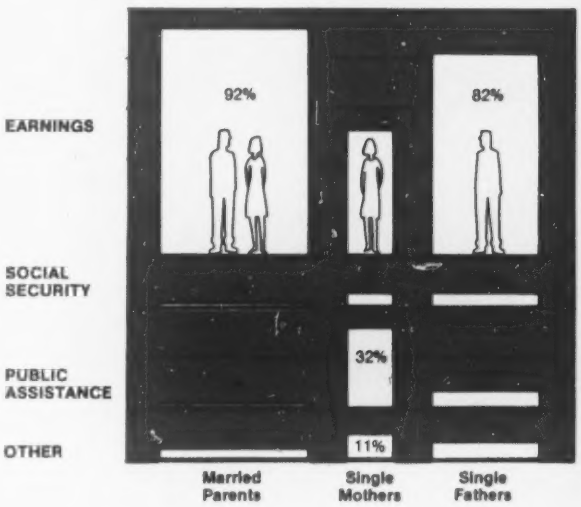
Following this discussion, trends in three specific income sources will be examined in greater detail. These sources are earnings, child support, and public assistance. These three sources were selected as being particularly relevant components of the incomes of households with children. Child support is one type of income included in "other" income sources. Knowledge of trends in family composition, the sources of income for those families, and the trends in the factors affecting those sources are the pieces of information needed to understand children's current and future economic status.

Sources of Income by Family Type

The differences in economic circumstances among the three types of households containing children can be further illuminated by examining their various sources of income. Table 4 and Figure IV present the average percent of total household income attributed to each source for the three types of households containing children.

Earnings are the chief determinant of the economic position of most families (Duncan, 1984). Earnings are, however, a declining source of income for most households with children in New York State. The proportion of household income that came from earnings (wage, salary, and self-employment income) fell from 90 percent in 1969 to 83 percent in 1979. Households that cannot meet their needs through earnings may turn to public assistance programs; the second largest source of income in 1979 (8%). The proportion of household income that came from this source had increased since 1969, when it comprised 5 percent of total aggregate household income. Social security accounted for 2 percent of total household income in 1979, while all "other" sources (including private transfers such as child support) accounted for 7 percent.

Figure IV **Average Distribution of Income**
Sources by percent, 1979



Source: Table 4.

The pattern of income sources was different in white households with children than it was in black and Hispanic households with children. In 1979, white households received the large majority of their income from earnings (89%), while earnings were a smaller fraction, although still the majority, of blacks' (71%) and Hispanics' (65%) incomes. Public assistance formed a much larger share of black (19%) and Hispanic (27%) household income in 1979 than it did whites' incomes (3%). These differences were evident in 1969 as well, although earnings were then a larger source of aggregate household income for each race/ethnicity.

The pattern of income sources also varied by household type. In 1979, households with children that were maintained by married couples had the highest incomes and derived practically all of their income (92%) from earnings. Public assistance and Social Security each accounted for 2 percent of married couple's earnings, while other sources accounted for 5 percent.

Earnings were also the most common source of income for households with children maintained by single mothers, but on average just 52 percent of their household income was attributable to this source. The second largest source of income for single-mother households was public assistance (32%), followed by "other" sources (10%). This pattern of income sources for single mothers was the same in 1969 as it was in 1979 and was similar for each ethnic group.

In 1979, single fathers obtained, on average, 82 percent of their income from earnings, down from 85 percent in 1969. Earnings accounted for the majority of the incomes of single fathers for each race/ethnicity. Public assistance was the second largest source of income for black (10%) and Hispanic (16%) single fathers, but other income was the second largest source for white single fathers (8%).

The following sections present a discussion of the factors and trends that have influenced the sources of income for children's families. These trends have had different effects on households of different types.

Earnings

The differences in the ability of households to generate earned income explains much of the income differential among family types. The level of earnings can be related to the number of adults in the household who are employed, the amount of time spent on the job, and hourly wage rates. Earnings are not as large a source of income for single mothers as they are for married couples or single fathers because of these factors.

Households maintained by single mothers have, on average, fewer workers than other household types. In 1980, married-couple families had an average of 1.2 workers, as did families maintained by single fathers.[9] Families maintained by single mothers, however, had an average of 0.7 workers. In addition, women's average wage rates are lower than men's.

Box B presents information on men's labor force participation. Box C presents a related, but more detailed, discussion of the factors affecting women's earnings. This information is presented for all men and women, since much of this data is not available for fathers or mothers only. Some of the additional earners

[9]The fact that households maintained by single fathers had an average of more than one earner reflects the likelihood of those households to contain adult relatives (e.g., adult children or parents) and unrelated adults (e.g., partners or roommates).

TABLE 4
Average Percentage Distribution of Income By Source, Family Type, and Race/Ethnicity[a]
1969, 1979

Income Source	Family Type							
	Total		Married Couples with Children		Single Mothers		Single Fathers	
	1969	1979	1969	1979	1969	1979	1969	1979
All Races/Ethnicities								
Total	100%	100%	100%	100%	100%	100%	100%	100%
Earnings	90	83	95	92	55	52	85	82
Social Security	2	2	1	2	7	5	4	5
Public Assistance	5	8	1	2	28	32	5	7
All Other Sources	2	7	3	5	8	11	5	7
White								
Total	100%	100%	100%	100%	100%	100%	100%	100%
Earnings	93	89	96	93	62	61	88	85
Social Security	2	2	1	1	10	6	4	4
Public Assistance	1	3	0	1	13	16	2	3
All Other Sources	4	7	3	5	13	17	6	8
Black								
Total	100%	100%	100%	100%	100%	100%	100%	100%
Earnings	78	71	93	89	52	53	86	79
Social Security	3	3	1	2	5	4	5	6
Public Assistance	16	19	4	4	38	35	7	10
All Other Sources	2	6	2	4	3	7	2	6
Hispanic								
Total	100%	100%	100%	100%	100%	100%	100%	100%
Earnings	90	65	90	86	40	33	69	75
Social Security	1	2	1	2	4	3	2	4
Public Assistance	7	27	7	7	53	58	24	16
All Other Sources	1	6	1	5	3	7	5	6

[a]Percentages may not sum to 100 due to rounding.

in all types of households may have been teenagers. Information on teenage labor force participation is presented in Box D.

Although women's labor force participation rates lag behind men's, the rates for mothers increased during the 1970s (see Box C). In 1980, women with children under age 18 were somewhat more likely to be in the labor force (50%) than women without children (47%). This was not the case in 1970 when 45 percent of women without children were in the labor force compared with only 36 percent of the women with children.

The labor force participation of mothers increases with the age of the youngest child. In 1980, mothers whose youngest child was preschool-aged (birth through 5) were less likely to be in the labor force (37%) than mothers whose youngest child was 6 through 13 (50%), or 14 through 17 (62%). Nevertheless, the most rapid increase in women's labor force participation rates during the 1970s occurred among mothers of preschool-aged children (61%).

New York State mothers who were employed in 1980 worked an average of 33 hours per week. Neither the mother's marital status nor the age of her youngest child had much of an effect on the number of hours worked.

TABLE 5
Women's Labor Force Participation Rates
New York State
1970, 1980

Selected Characteristics	1970	1980
All Women	**41%**	**48%**
Race/Ethnicity		
White	42[a]	49[a]
Black	48[a]	53[a]
Hispanic	37[a]	42[a]
Other	47[a]	57[a]
Age		
20 - 24	57	65
25 - 34	42	61
35 - 44	48	62
45 - 54	55	61
55 - 64	46	46
Marital Status		
Married	38	48[a]
Divorced	66	70[a]
Widowed	28	23[a]
Never Married	55	59[a]
Parental Status		
Without Children	45	47
With Children	36	50
Under 6	23	37
6 - 13	37[a]	50[a]
14 - 17	56[a]	62[a]

[a]Census Bureau, 1983a.

Child Support

While public assistance is the second most common source of income, it is available only if all other sources are inadequate to meet family needs. Thus, the receipt of child support will be examined before public assistance is discussed.[18] Most, although not all, women who receive child support are divorced. This source of income is quite important for these single mothers since divorce can have negative economic consequences for women.

The real incomes of both men and women usually decline after a divorce (Hoffman & Holmes, 1976). This decline lasts for several years, although it lessens with time, and is more persistent for women. Seven years after a divorce, the real incomes of women were 29 percent lower than their pre-divorce incomes, while those of men were 19 percent lower.

Other researchers have focused on the adequacy of income to meet household needs. Since men's post-divorce households are generally smaller than women's, their income needs are also smaller. One year after the divorce, men's standard of living had increased by an average of 42 percent while women's had declined by 73 percent (Weitzman, 1981). Seven years after the divorce, men's standard of living was on average 17 percent above the pre-divorce level, while women's was still 29 percent below that level (Hoffman & Holmes, 1976).

As noted above, families with children maintained by single mothers receive a larger share of their aggregate income from "other" sources than other family types. Among the sources of income included in the "other" category (e.g., alimony, unemployment

BOX B
Men's Labor Force Participation

In 1980, 72 percent of all men over the age of 15 in New York State were in the labor force; that is, they were either employed or looking for work. This was lower than the 76 percent in the labor force in 1970. Their labor force participation rate has continued to decline during the 1980s. According to the Current Population Survey, men's labor force participation declined by another 2 percentage points between 1980 and 1984.

Labor force participation is slightly higher among white males in New York State (73%) than it is among black (65%) or Hispanic males (71%). Black and Hispanic males also have higher unemployment rates. In 1980, 6 percent of white men were unemployed compared with 13 percent of black men and 10 percent of Hispanic men.

Most men work full-time. According to data from the Current Population Survey, 84 percent of men in New York State were working 35 hours a week or more in 1984.

[18]In 1980, 10 percent of all children who were living with a divorced parent were living with their fathers. Although 7 percent of the incomes of divorced fathers came from "other" sources, little is known about fathers' receipt of child support.

BOX C

Women's Labor Force Participation

Women's attachment to the paid labor force has differed historically from men's in a number of ways. Not only has the percentage of all women who are in the labor force been smaller than the percentage of men, but women in the labor force have also typically had higher unemployment rates and have worked fewer hours per week, fewer weeks per year, and in fewer years than men. These differences, however, have been decreasing in recent years as women's attachment to the labor force has increased and as men's has decreased.

Although women's labor force participation has risen throughout the century, it increased most rapidly during the 1970s. According to the 1970 census, 41 percent of New York State women were in the labor force, that is, they were either employed or actively looking for work (see Table 5). By 1980, nearly half (48%) were in the labor force. Data for more recent years from the Current Population Survey indicate that these trends are continuing. Between 1980 and 1985, women's labor force participation rates increased by nearly 4 percentage points.

Other aspects of men's and women's labor force attachment have also become more similar. For example, in 1970, women were 25 percent more likely to be unemployed than men. By 1980, unemployment rates were approximately the same for men and women. In fact, the rate for men (7.2%) was slightly higher than it was for women (7.1%).

Most women who work are employed full-time. According to the 1980 census, two out of three New York State women who worked in 1979 worked at least 35 hours per week.

The extent of women's labor force participation is associated with their activities in other areas of life: educational attainment, marital status, and parental status. These activities, in turn, are linked to their demographic characteristics, such as age and race/ethnicity. While the increase in women's labor force participation during the 1970s was pervasive, it was especially evident among some groups of women. Table 5 presents the labor force participation rates of women with various social and demographic characteristics.

Black women are more likely to be in the labor force than white or Hispanic women. In 1980, 53 percent of the black women in New York State were in the labor force compared with 49 percent of white women and 42 percent of Hispanic women. However, women of "other" race/ethnicity (primarily Asian) were the most likely to be in the labor force (57%).

In 1970, women were most likely to be in the labor force during their early twenties, after school is generally completed, but before marriage and childbearing may have begun. Participation was lower between ages 25 and 34, but rose again in the late forties and the mid-fifties, when parenting demands ease. During the 1970s, age became less salient to labor force participation. In 1980, more than 60 percent of women in each age category, except 55 through 64, were in the labor force. Thus, the presence of children in the home in 1980 had less of an influence on women's labor force participation than it did in 1970.

Married women were less likely to be in the labor force (48% in 1980) than divorced or never-married women (70% and 59%, respectively). Married women generally are not the sole source of income for their households, while divorced and never-married women often are. However, the labor force participation of married women increased dramatically (by 10 percentage points) during the 1970s, more than for any of the other marital status categories. Widows had the lowest labor force participation rates of all (23% in 1980), indicative of their higher average age.

In general, women earn less per hour than men. For decades, women in the U.S. labor force have earned about 60 cents for every dollar earned by men (Smith & Ward, 1984). Women's wages declined slightly relative to men's between 1920 and 1975, but they began to increase slightly between 1975 and 1980. The 1980s have been a period of relatively rapid increase in women's wages. In 1980, women earned 59 cents for every dollar earned by men. By 1985, women earned 65 cents for every dollar earned by men (Census Bureau, 1986d).

compensation, scholarships, veteran's payments, pensions, and net gambling gains), child support is among the most relevant for single mothers. On average, single mothers received 11 percent of their aggregate income from "other" sources in 1979. White single mothers, however, received twice as much of their income from "other" sources (17%) as black (7%) or Hispanic (7%) single mothers.

In 1981, 59 percent of the mothers in the United States with children under the age of 21 whose father was not living with them had a child support agree-

BOX D

Teenage Employment and Earnings

School is the primary activity of most New York State teenagers. However, many youth, whether or not they are in school, contribute to the total resources of the household through their own earnings. Although New York State teenagers can be legally employed at age 14, labor force activity is concentrated among those aged 16 through 19. Teenage employment is often episodic and part-time and is characterized by low wage rates. Nevertheless, the labor force activity of teenagers may be more extensive than is commonly thought.

In 1980, 45 percent of New York State youth aged 16 through 19 were in the labor force, that is, they had a job or were actively looking for work (see Table 6). This was higher than the level of labor force activity maintained by teenagers in 1970 (41%). Teenage labor force participation declined during the 1980s, however, to 42 percent in 1985. Nearly 19 percent of New York State teenagers in the labor force were unemployed in 1985. Unemployment fluctuates from year to year, but was clearly much lower in 1970 (13%) than it has been since then.

This pattern of labor force participation differed according to the race/ethnicity and geographic location of the teenagers. Black youth in New York State are less likely to be in the labor force than white youth. Not only have labor force participation rates been lower for black teenagers, but their unemployment rates have been higher. Participation rates for white youth increased from 42 percent in 1970 to 46 percent in 1985, while those for black youth declined from 35 percent to 27 percent. Consequently, in 1985 the labor force participation rates of white youth were nearly twice the size of the rates for black youth. Furthermore, while unemployment rates for white youth increased, from 12 percent in 1970 to 15 percent in 1985, the rates for black youth nearly doubled, from 22 percent in 1970 to 42 percent in 1985.

Regardless of race/ethnicity, teenage labor force participation is lower among youth from New York City than it is among those from the rest of the state. In 1985, 27 percent of New York City teenagers were in the labor force, much lower than the state rate. Additionally, unemployment rates were higher in New York City than they were for the state as a whole. Thus, teenagers from New York City, especially black teenagers, were less likely to be in the labor force and less likely to be employed than teenagers in the rest of the state.

Most New York State teenagers who work do not work full-time. In 1980, approximately 60 percent of employed teenagers worked less than 30 hours per week. Indeed, approximately one-quarter of the employed teenagers worked just 1 to 14 hours per week.

Teenage earnings are not large. In 1980, the average earnings of youth aged 15 through 17 were $800. The average earnings of those aged 18 and 19 were $2,400, reflecting their greater labor force participation, lower unemployment rates, and greater number of average weekly hours at work.

ment or award (Census Bureau, 1985a).[11] Just 50 percent of the single mothers in the northeastern region of the United States, however, had been awarded child support.

Not all single mothers were equally likely to have been awarded child support. Those who were divorced (80%) or remarried (78%) were more likely to have been awarded child support than those who were separated (43%) or who had never been married (14%). Single mothers who were financially secure before a divorce were more likely to have received an award. White single mothers were more likely (69%) than blacks (34%) or Hispanics (44%) to have received an award.

In 1981, fewer than half (47%) of all single mothers who were awarded child support received the full amount. An additional 25 percent received partial payment. Twenty-eight percent, however, received no payments at all (see Box E). Mothers in the Northeast were more likely (78%) than the national average (72%) to receive at least some of the support awarded to their children (Census Bureau, 1985a).

Recent research has found that receipt of payment was more likely if the father was in good economic circumstances, if the mother delayed remarriage, and if both ex-spouses continued to reside in the same state (Hill, 1985). A study conducted by the Census Bureau (1985a) found that payments were more likely to be made if the arrangements were voluntary rather than court-ordered, and if the father paid the mother directly rather than through an intermediary.

The average amount of support payments was also low, relative to the cost of raising a child. In 1981, the national average amount of child support for women who received payments was $2,106 per year, less than

[11] Women who failed to receive an award as of the survey date might still have one pending. Others may have received a property settlement instead or may have decided on joint custody, in which instance awards are made only infrequently. Some women do not seek awards, either to minimize contact with the father or because they believe the father's economic condition to be so poor that payments would not be forthcoming. Finally, some women seek awards and do not receive them (Census Bureau, 1985a).

TABLE 6
Teenage Labor Force
Aged 16 Through 19
New York State, New York City
1970, 1980, 1985

	Labor Force Participation Rate[a]			Unemployment Rate[b]		
	1970[c]	1980	1985	1970	1980	1985
New York State						
Total	**41%**	**45%**	**42%**	**13%**	**20%**	**19%**
White	42	50	46	12	18	15
Black	35	27	27	22	40	42
New York City						
Total	N.A.	**31**	**27**	N.A.	**28**	**31**
White	37	37	29	11	24	22
Black	N.A.	N.A.	25	N.A.	N.A.	48

[a]The labor force participation rate is the number of individuals working in civilian jobs or who have looked for work in the past four weeks per 100 individuals aged 15 and over in the civilian population.
[b]The unemployment rate is the number of individuals who are unemployed per 100 individuals in the civilian labor force.
[c]In 1970, the black category, as defined by the Department of Labor, included black teenagers and those of "other" races.

Source: U.S. Department of Labor, 1972, 1986; New York State Department of Labor, 1986.

$100 per-child-per-month (assuming an average of two children per family) (Census Bureau, 1985a). This represented 18 percent of the median incomes of single mothers.

After adjusting for inflation, the average amount of child support received declined by 16 percent between 1978 and 1981. This decline may be related to two factors. First, few support agreements have escalator clauses indexing the payments to inflation. Second, the average real income of men declined during this period (Census Bureau, 1985a).

The low levels of award receipt, rates of payment, and amounts of child support contribute to the poor economic circumstances of families maintained by single mothers. These problems are particularly acute for poor mothers.

Only 60 percent of poor mothers who had been awarded support received some support payments, and those payments were just 68 percent as large ($1,440) as the average for all women receiving child support (Census Bureau, 1985a). These payments were important to poor mothers, however, comprising one-third of their income. On average, poor single mothers received 62 percent of the total support due, but the levels of their awards were so low that even if all payments had been made they would still be in poverty.

Public Assistance

Families that are unable to meet their basic economic needs through earnings or the support of family members who do not reside in the household may turn

BOX E
Child Support Enforcement

Prior to the enactment of Title IV-D of the federal Social Security Act in 1974, parents received reduced AFDC grants reflecting an expectation that they would receive child support collections from absent parents. Since the support payments often did not occur or were late, these parents suffered economically.

Title IV-D effectively converted the support obligation to a public debt. It required the AFDC parent to assign support rights to the states and to cooperate in establishing paternity and the amount of the support obligation. It guaranteed that the AFDC grant would not be reduced by anticipated support payments. Furthermore, it gave states substantial fiscal incentives to vigorously increase enforcement efforts.

Since the enactment of Title IV-D, the states have often gone beyond the federal mandates by developing innovative legal and administrative tools to increase collections. During this period of development, New York State often took the lead in identifying and implementing innovative measures. New York's efforts in locating absent parents, automating support collections, intercepting tax refunds and other sources of income to pay overdue support, and extending support collection services to persons not receiving AFDC have served as models for other states and for subsequent federal enactments.

Because of the exchange of ideas among the states and between the state and federal governments, the federal law has grown into a comprehensive statement of society's expectations for the payment of support, regardless of whether the person owed support is receiving public assistance. A coordinated effort, second only to tax collection efforts, has substantially increased the number of support obligations established and the percentage of support actually collected, while reducing the cost of collecting each dollar of support. Recent changes in federal law extended many requirements of the program to persons not receiving assistance, established a $50 per month "bonus" to AFDC parents when support payments were recovered, and established guidelines to transition families off public funds when they begin receiving regular support payments in sufficient amounts. The number of New York State children on whose behalf support was recovered increased from 90,306 children in 1980 to 123,375 children in 1984.

to a variety of public assistance programs. Women's lower average labor force participation and wage rates, combined with the high probability of divorce and increasing rates of nonmarital childbearing, contribute to the greater reliance on public assistance of families maintained by single mothers than other types of households.

Although poverty rates among single mothers in New York State increased from 41 percent in 1970 to 48 percent in 1980, the proportion of those families receiving public assistance changed little during the 1970s. In both 1969 and 1979, 40 percent of single mothers in New York State received at least one form of public cash assistance. Single fathers were much less likely to receive public assistance. Eleven percent of single fathers received public cash assistance in 1969 compared with 14 percent in 1979.

Public assistance programs may be categorized as either cash or non-cash programs. Aid to Families With Dependent Children is the principle cash assistance program for income-eligible families with children. Not all families with children, however, are eligible for AFDC. AFDC is granted to poor single-parent families and to poor married couples with children in which the husband is recently unemployed. It is not granted to couples if the husband is employed or receives disability or private trust payments.

Other cash programs for families with children who meet the eligibility requirements include Supplemental Security Income (SSI), unemployment benefits, New York State Home Relief, Emergency Assistance to Families, Home Energy Assistance Program (HEAP), veterans benefits, and survivor's benefits from Social Security.

Non-cash programs include Food Stamps; Medicaid; subsidized housing; free and reduced price school lunch; Supplemental Food Program for Women, Infants, and Children (WIC); Supplemental Nutrition Assistance Program (SNAP); Emergency Nutrition Aid Program (ENAP); the Work Incentive Program (WIN); and the Job Training Partnership Act (JTPA). Eligibility requirements for public assistance programs are usually related to the family's income and composition.

Many families are eligible for and receive more than one form of public assistance. Indeed, many programs are designed as supplements to others. For example, AFDC benefits are set at levels designed to be supplemented by Food Stamps and Medicaid.

Concern over federal spending led to the passage of the Omnibus Budget Reconciliation Act in 1981. The provisions of this act tightened eligibility requirements and reduced the benefit levels of many public assistance programs. AFDC suffered the most severe cuts. Changes in the permissible deductions (income disregard, work-related expenses, and child care costs) in the computation of income for the purposes of determining eligibility for AFDC and reduced income and asset ceilings eliminated many poor working mothers from the rolls and discouraged continued participation in AFDC (Institute for Research on Poverty, 1985).

The eligibility and benefit levels for other public assistance programs were also cut by the Omnibus Budget Reconciliation Act. Food Stamps, subsidized housing, and Medicaid and other health programs were reduced. According to a Congressional Budget Office study, federal programs targeted to the poor were cut by $57 billion between fiscal years 1982 and 1985 (Congress of the United States, 1985). This represented one-third of all budget cuts, although these programs accounted for only one-tenth of the federal budget.

Poor Children's Receipt of Benefits Nationally, 32 percent of all children received some form of means-tested benefits in 1984 (Census Bureau, 1986c).[12] Children living with single mothers were more likely to receive means-tested benefits (69%) than children living with two parents (22%). The program with the highest participation rate across the United States was free and reduced price school meals.

The data that are available on the number of children in New York State who were participating in various public benefit programs are presented in Table 7. Data were available for three cash assistance programs, three nutrition programs, and one medical benefit program. Nineteen percent of all New York's children were living in poverty in 1979, while 15 percent received some form of cash assistance in 1980.[13] Most of these children received benefits from the AFDC program. New York State's general assistance program, Home Relief, provided benefits to children who were poor but did not qualify for AFDC. In 1985, 54 percent of all persons in New York State receiving public assistance were children. Other children received cash assistance from the Supplemental Security Income program, which provides benefits to poor children with disabilities. In 1985, approximately 25 percent of New York's children were living in poverty, but just 16 percent received public cash assistance.

When adjusted for inflation, monthly benefit levels for children in New York State declined slightly between 1980 and 1985; the average AFDC benefit was $123 in 1980 and $113 in 1985 (in 1980 dollars); the average Home Relief benefit declined from $167 in 1980 to $164 in 1985; and the average Food Stamp benefit was $35 in 1980 compared with $34 in 1985.

Information on participation in several nutrition programs is also presented in Table 7. Although no participation trend can be established for the Food Stamp program, participation in the Free and Reduced Price School Lunch program declined by 12 percent between 1980 and 1985. On the other hand, monies for the WIC program increased during the first half of the 1980s and participation increased by over 50 percent.

[12]Means-tested programs are those for which families must qualify on the basis of their incomes. In general, family income must be near or below the poverty level for families to be eligible.

[13]Poverty rates are given for the population aged birth through 17, while the rate of public assistance recipiency is based on the population aged birth through 19.

TABLE 7
Monthly Participation of Children[a] in Public Transfer Programs New York State 1980, 1985

Program	1980	1985
AFDC	759,456	726,707
Home Relief[b]	31,676	46,787
SSI[c]	26,227	27,719
School Lunch	1,170,117	1,028,475
WIC	143,614	221,551[d]
Food Stamps	N.A.	914,924[e]
Medicaid	N.A.	1,001,058[f]

[a]The ages of the children included in this table vary according to program: AFDC (0-18), Home Relief (0-19), SSI (0-18), School Lunch (enrollments), WIC (0-15), Food Stamps (0-19), and Medicaid (0-19).
[b]Family Care cases.
[c]Living in parental household.
[d]Numbers reflect annual averages for counties outside of New York City and June 1985 participation for New York City.
[e]May 1986.
[f]Monthly average eligible, fiscal year October 1984 through September 1985.

Source: New York State Department of Social Services, Division of Income Maintenance, Bureau of Income Support (1981, 1986); New York State Department of Social Services (1982, 1986); New York State Education Department, Child Nutrition Reimbursement Unit (1987); New York State Department of Health, Bureau of Nutrition (1981,1986); New York State Department of Social Services, Bureau of Data Management and Analysis (1986); New York State Department of Social Services, Division of Medical Assistance, Bureau of Program Analysis and Utilization Review (1986).

POVERTY

In 1985, approximately one of every four children in New York State (1.2 million children) was living in poverty. This was an increase of approximately 5 percentage points in the children's poverty rate since 1979 (see Box F). The children's poverty rate had increased throughout the 1970s as well. Both the number and percentage of children in poverty in New York State increased between 1969 and 1979 (see Figure V). Over 736,000 children, or 11 percent of all children, were living in poverty in 1969. By 1979, nearly 877,000 children, or 19 percent, were living in poverty.

The children's poverty rate in New York State (25%) was higher than the national average (20%) in 1985. In fact, in 1979, the last year for which data were available for all states,[14] New York State had a children's poverty rate higher than that in all other states but ten (Census Bureau, 1983b).

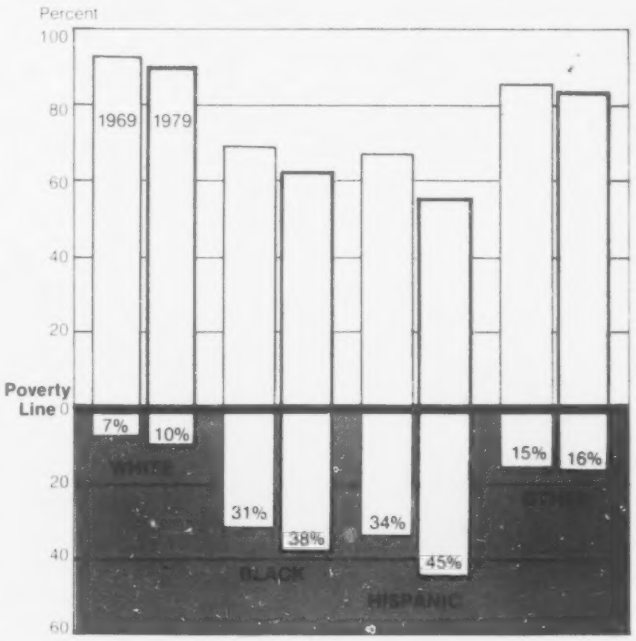
Children are disproportionately represented among the poor. While children comprised 27 percent of the state's population in 1980, they accounted for 38 percent of the poor. Their poverty rate is higher than for any other age group (see Appendix Table 3.5). Furthermore, poverty increased more for children than it did for working-age adults (18 through 64), while poverty among the elderly actually declined during this period.

Factors Related to Being in Poverty

Certain groups of children are more likely to be poor than others. Since children are in poverty by virtue of the households in which they live, the characteristics of the parents, as well as the characteristics of the children themselves, are associated with the likelihood of being in poverty. Information on the percent of children with various characteristics who are in poverty is presented in Table 8. Poverty data for children by various characteristics of their parents are presented in Table 9.

Two salient demographic characteristics of children are age and race/ethnicity. Preschool children are more likely to be poor (23% in 1979) than teenagers (15%). This can be related to the likelihood of young children having young parents who, in general, have lower levels of earnings. In 1979, 53 percent of New York State children whose parents were less than 25 years of age were in poverty. This was at least twice as high as the percentage for children with parents who were over 25 years of age.

Figure V **Children Below the Poverty Line**



Source: Table 8.

Racial/ethnic group membership is highly correlated with the likelihood of being in poverty. In 1979, Hispanic children were somewhat more likely to be in poverty (45%) than black children (38%). However, those two groups were much more likely to be in

[14]Poverty data from the 1980 census, computed on the basis of 1979 incomes, are the most recent data available for all states. Data from the Current Population Survey for the years since 1980 are available only for the largest states and have large sampling errors even for those states.

BOX F
Poverty Definition

Since 1967, poverty has been officially measured by the Census Bureau according to the U.S. Department of Agriculture's definition. It is a statistical measure that is supposed to denote absolute deprivation. The poverty threshold is based upon the U.S. Department of Agriculture's estimates of the income that would be needed to provide a basic budget for families of various sizes and compositions. A basic budget is estimated to be three times the cost of the Department's economy food plan. Different poverty thresholds are computed according to family size, number of children, and age of householder. Poverty thresholds for 1969, 1979, and 1985 are presented in Appendix Tables 3.6 through 3.8. Family (or household) "income" is then compared to the appropriate poverty threshold to determine if the family is above or below the poverty line. A family of four, for example, was below the poverty line in 1985 if their income was $7,418 or less.

In recent years, this definition has become controversial and alternative measures have been proposed (Census Bureau, 1982a). Although there is some contention that the method of establishing poverty thresholds needs to be revised to take into account the increased proportion of the family budget consumed by housing since the early 1960s, when this method was established, the major controversy regarding the definition of poverty revolves around the definition of "income." The percentage of the population who are considered poor changes dramatically depending upon the number and types of "incomes" that are included. Although the debate is quite technical, any change in the definition will have concrete implications for many poor families.

For the past 20 years, "income" has meant census income: wages and salaries; net income from self-employment; Social Security income, public assistance income, and other government cash transfers; property income; and private transfers such as pensions, alimony, and child support. On the one hand, this may be viewed as an overestimate of income for the purposes of determining the number of families in poverty because it removes from the poverty estimates all those who would be in poverty were it not for government transfers. On the other hand, it could be viewed as an under-estimate, since it includes income paid in taxes that is not available for family consumption (Institute for Research on Poverty, 1984).

Most importantly, some maintain that the appropriate measure of "income" for the assessment of the number of families in poverty should not only include public cash transfers, but should also include the value of public non-cash transfers such as Medicare, Medicaid, food stamps, and public housing. Others argue that an "income" measure that includes non-cash benefits should not be compared to a poverty threshold that does not include them (Washington Focus, 1984).

Whether or not the definition of income includes the value of non-cash transfers has implications for many poor families. Since eligibility for government welfare programs is linked to the level of family income, if non-cash transfers are counted, some families may lose their program eligibility.

In 1984, the Census Bureau released an "experimental report" estimating the size of the poverty population when various evaluations of non-cash benefits were included (Census Bureau, 1984). This was deemed appropriate since the growth in non-cash benefit programs had been so great during the 1970s that they accounted for 70 percent of all expenditures on means-tested assistance programs by 1979 (Institute for Research on Poverty, 1985). This change in definition shifted approximately one-third of the poverty population into non-poverty status, although it did not change the pattern of increase in the poverty population in recent years. Despite all of this work, no decision has yet been made to change the definition of poverty and the issue remains controversial.

poverty than white children (10%) or those of other races/ethnicities (16%).

Race/ethnicity is associated with a series of other parental characteristics that are also related to the likelihood of being in poverty. Since labor income is the major ingredient in the economic status of most families, families who are disadvantaged in the labor market are also more likely to be poor. Black and Hispanic families have lower labor force participation, lower wage levels, and higher unemployment rates than white families.

Educational attainment is closely associated with earning levels (Duncan, 1984). New York State children whose parents had not completed high school were more than twice as likely to be in poverty (36%) than those whose parents had high school educations (17%) and were nine times more likely to be in poverty than those children whose parents had completed college (4%). In 1980, 54 percent of all children living with single mothers in New York City and 33 percent of

TABLE 8

Percent of Children in Poverty
By Selected Characteristics of Children
New York State, New York City, Rest of the State
1969, 1979

Child's Characteristics	Total	Race/Ethnicity			
		White	Black	Hispanic	Other
1969					
New York State					
All Children	13%	7%	31%	34%	15%
Family Type					
Married Couple	7	4	14	21	10
Single Mother	50	37	56	64	64
Single Father	17	9	22	45	40
Age					
0 - 5	14	8	31	35	14
6 - 13	13	7	33	36	15
14 - 17	10	5	26	30	17
Number of Siblings					
None	7	5	15	16	15
1	8	5	19	20	11
2	12	6	31	37	11
3	16	8	35	44	15
4	20	10	39	51	32
5 or More	28	15	52	53	35
New York City					
All Children	21%	7%	32%	37%	13%
Family Type					
Married Couple	10	4	14	23	9
Single Mother	54	32	57	65	67
Single Father	23	9	18	48	57
Age					
0 - 5	22	8	31	36	10
6 - 13	22	8	34	38	14
14 - 17	16	6	27	32	21
Number of Siblings					
None	9	6	15	16	16
1	12	6	20	21	13
2	21	7	32	40	9
3	26	10	37	48	21
4	34	11	42	53	20
5 or More	52	16	60	59	8
Rest of the State					
All Children	8%	7%	27%	15%	19%
Family Type					
Married Couple	5	4	14	9	11
Single Mother	42	39	51	56	63
Single Father	12	10	35	*	*
Age					
0 - 5	9	8	28	18	22
6 - 13	8	7	28	15	18
14 - 17	6	5	22	11	13
Number of Siblings					
None	5	5	15	9	15
1	5	5	17	12	7
2	7	6	27	9	13
3	9	8	31	7	*
4	13	10	31	37	36
5 or More	17	15	37	20	75

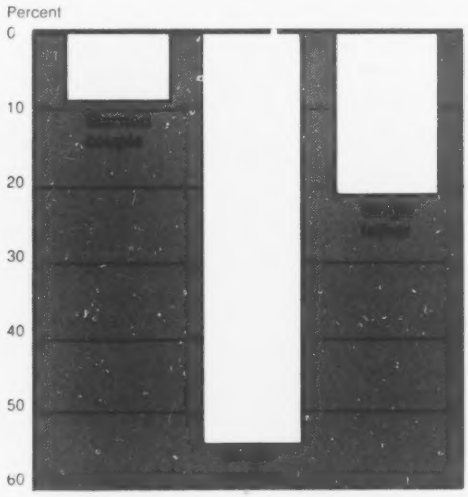
Child's Characteristics	Total	Race/Ethnicity			
		White	Black	Hispanic	Other
1979					
New York State					
All Children	19%[a]	10%	38%	45%	16%
Family Type					
Married Couple	9	6	17	23	12
Single Mother	55	38	59	75	50
Single Father	22	14	28	40	33
Age					
0 - 5	23[a]	12	42	46	15
6 - 13	19[a]	10	37	46	16
14 - 17	15[a]	8	33	41	19
Number of Siblings					
None	14	8	26	31	13
1	14	8	30	37	10
2	20	10	38	49	21
3	29	15	49	55	27
4	38	22	53	64	35
5 or More	53	35	69	75	43
New York City					
All Children	32%	14%	39%	49%	18%
Family Type					
Married Couple	15	9	17	25	14
Single Mother	63	39	60	77	52
Single Father	30	15	29	42	27
Age					
0 - 5	35	16	44	50	16
6 - 13	33	14	40	50	19
14 - 17	28	11	35	45	18
Number of Siblings					
None	21	10	27	34	13
1	25	11	32	42	12
2	35	14	41	53	23
3	46	22	52	59	25
4	54	30	57	67	34
5 or More	65	42	72	77	47
Rest of the State					
All Children	12%	9%	33%	24%	14%
Family Type					
Married Couple	6	6	12	13	8
Single Mother	41	38	56	60	46
Single Father	16	14	24	32	40
Age					
0 - 5	14	11	39	27	15
6 - 13	12	10	32	24	11
14 - 17	10	8	27	21	20
Number of Siblings					
None	8	7	24	18	12
1	9	7	26	15	7
2	12	10	31	23	15
3	17	14	42	28	32
4	25	20	45	47	37
5 or More	40	32	61	67	39

*No sample case in this category [a]Census Bureau (1983a)

such children in the rest of the state had mothers who had not completed high school.

The number of parents present in households with children has a dramatic influence on the likelihood of poverty. More than half (55%) of the children living with only their mothers in 1979 were in poverty compared with 9 percent of those with two parents in the household. Households that have two parents obviously have more persons available to work. It is not simply the number of working parents that produces this differential.[15] Children of single mothers who worked were more likely to be poor (24%) than children living with two parents in which only one parent worked (9%). This is largely attributable to the difference between men's and women's labor force participation and to gender differences in wage rates.

Figure VI **Children in Poverty, by Family Type**
1979



Source: Table 8.

TABLE 9
Percent of Children in Poverty
By Characteristics of Their Parents
New York State
1969, 1979

Parent's Characteristics	1969	1979
Parents' Age[a]		
Less than 25	31%	53%
25 - 34	17	25
35 - 44	10	15
45 - 54	8	14
55+	12	23
Householder's Education[b]		
Less than High School	23%	36%
High School	9	17
1-3 Years of College	7	9
4 Years or More of College	3	4
Work Status of Parents[c]		
Two Parents		
Neither Work	30%	39%
One Works	6	9
Both Work	3	3
Mother Only		
Doesn't Work	66	77
Works	22	24
Father Only		
Doesn't Work	49	48
Works	10	11
Marital Status		
Married Couple	5%	9%
Single Mother		
Widowed	32	33
Divorced	43	42
Separated	57	62
Never-Married	64	71

[a]Age of father if two parents are present.
[b]In most cases, the householder is also the parent.
[c]Working one or more hours a week for pay.

Children living with single mothers were much more likely to be in poverty if the mother had never been married (71%) than if she were divorced (42%) or widowed (33%). This differential is related to the likelihood of the family receiving some type of financial support (child support, alimony, life insurance, or survivor's benefits) from the father.

Household incomes of any amount are not as adequate for large families as for small. In 1979, New York State children who had five or more siblings were more than three times as likely to be in poverty (53%) than those who had one sibling (14%).

Profile of Poor Children

The profile of the poor children's population is a product of the likelihood of certain types of children being in poverty and the number of such children in the total population. Thus, trends in the characteristics of the general children's population are reflected in the characteristics of poor children. Table 10 presents selected characteristics of the poor children's population.

As discussed above, in 1979, black and Hispanic children in New York State were more than four times as likely to be in poverty as white children. In the total population, however, white children outnumbered black children by a ratio of four to one and Hispanic children by a ratio of five to one (see *Chapter 1: Demographic Overview*). As a result of these two factors, the population of poor children in New York State was almost equally comprised of white (36%), black (32%), and Hispanic (32%) children in 1979.

This was a change from 1969, when 41 percent of poor children were white, 32 percent were black, and

[15]Families in which parents work full-time may still be in poverty. At the current minimum wage ($3.35 per hour), annual full-time income would be only $6,968 per year. A single parent with two children earning minimum wage would be $1,600 below the poverty level in 1985.

TABLE 10
Selected Characteristics of Poor Children[a]
New York State
1969, 1979

Child's Characteristics	1969	1979
Race/Ethnicity		
Total	100%	100%
White	41	36
Black	32	32
Hispanic	26	31
Other	1	2
Family Composition		
Total	100%	100%
Married Couple	41	33
Single Mother	52	58
Single Father	2	2
Other[b]	5	7
Number of Siblings		
Total	100%	100%
0	8	14
1	17	27
2	23	26
3	19	17
4	15	9
5	18	7
Residence		
Total	100%	100%
New York City	61	63
Rest of the State	39	37

[a]Percentages may not sum to 100 due to rounding.
[b]Other families include children who live with adults other than their parents, teenagers living independently, and youth who are married or parents themselves and are living with relatives.

26 percent were Hispanic. According to Current Population Survey data, the proportion of the poor children who were Hispanic continued to increase between 1979 and 1985 and the proportion of poor children who were black or white declined. This is related to the continued increase in the proportion of the total children's population that is Hispanic.

Children living with a single mother were six times more likely to be living in poverty in 1979 than children living with two parents, and twice as likely to be in poverty as children living with a single father. The majority of poor children in New York State lived with single mothers (58% in 1979 and 52% in 1969), despite the fact that at least three-quarters of New York State's children lived with two parents. The proportion of poor children living with two parents declined from 41 percent in 1969 to 33 percent in 1979, and it has continued to decline during the 1980s.

Poor children do not generally come from large families despite the fact that children from large families are more likely to be poor. In 1979, 41 percent of the poor children in New York State had at most one sibling. In 1969, poor families were slightly larger; that is, just 25 percent had at most one sibling. This reflects the fact that in 1980 all children in New York had, on average, only one sibling and that the average number of siblings declined during the 1970s (see *Chapter 2: Children in Families*).

In 1979, the majority (63%) of poor children in New York State lived in New York City. This had increased only slightly from 1969, when 61 percent lived there. New York City has a disproportionate share of the poor children's population due to the composition of that population on the characteristics described above.

Consequences of Poverty

Poverty obviously has immediate negative consequences for children (see Box G), but the inadequacy of their families' incomes may also have serious and long-lasting consequences for the children and for society. Four of the areas in which poverty has been shown to affect children's lives are health, housing, involvement with the juvenile justice system, and educational attainment.

Egbuonu and Starfield (1982) found that mortality rates for poor infants and children are higher than for their more affluent peers. The death rate among low-income children was three times the rate for other children (Maine Department of Human Services, 1983). There is a higher frequency of health problems among poor children including low birth weight, congenital infection, iron deficiency anemia, lead poisoning, hearing and visual disorders, and psychological and psychosomatic problems (Egbuonu & Starfield, 1982). Infants with low birth weight show relatively high levels of birth defects, mental retardation, and other developmental disabilities. These, in turn, may lead to a decreased ability to complete schooling and earn income as an adult.

Poor children are more likely to live in substandard housing than more affluent children. Substandard housing is defined as housing units lacking complete plumbing, lacking central heat, or that are overcrowded. In 1980, 2 percent of all poor children in New York State lived in housing with incomplete plumbing, 12 percent lived in housing without central heat, and 14 percent lived in households with more than two persons per bedroom. By comparison, children whose families' incomes were greater than two times the poverty threshold were much less likely to be living in housing units with incomplete plumbing (0%), without central heat (6%), or with more than two persons per bedroom (3%).

Youth living in poor neighborhoods are more likely to be arrested than those living in more affluent neighborhoods. This is, at least in part, due to the fact that there are more police patrols in poor neighborhoods and police are more likely to pick up poor juveniles than their more affluent counterparts (Bullock & Reilly, 1980; Gruber, 1980).

Children from poor families exhibit relatively lower levels of educational and occupational aspirations (Blau & Duncan, 1967; Sewell & Hauser, 1975). They also complete fewer years of education, attain lower status jobs, and earn less money as adults.

BOX G

Homeless Children and Youth

Accurate, comprehensive data on the number of homeless children are not available.* The only information that is available are estimates made by service providers and advocates of the homeless and the number of services provided by government-sponsored agencies. It is generally agreed, however, that the number of homeless children and youth is growing.

In New York City, the Human Resources Administration (HRA) tabulates the number of families and children who are housed in New York City-operated shelters. In October 1986, 4,500 families with 10,000 children were living in New York City-funded shelters (HRA, 1986). The number of homeless families using these shelters is growing. HRA estimates that each month they admit an average of 500 families into their shelters while only 450 families leave the system for permanent housing (Baillargeon, 1987).

No systematic collection of data on services provided to homeless families is conducted in areas of the state outside of New York City. The New York State Department of Social Services estimated that there were 1,000 homeless families with 2,850 children outside of New York City in 1985.

Until recently, there has been very little research on the characteristics of homeless children and their families and the factors that contributed to their homelessness. Recent research has provided some very important new information regarding this problem.

During the six-month period between September 1985 and February 1986, 7,081 separate families were admitted to New York City emergency shelters. Since the average daily caseload was approximately 4,000 families, this meant that a substantial turnover occurred in the families receiving shelter. These families were of two distinct types. One group of families had a median length of stay of nearly one year. The second group had a median length of stay of less than two months (HRA, 1986d). Short-term shelter users tended to be victims of fires or of family violence who had the necessary resources to obtain permanent housing. By comparison, long-term shelter users tended to be larger families comprised of younger heads of households and younger children.

The majority (95%) of homeless families in shelters were either black or Hispanic. Eighty-three percent were receiving public assistance prior to their homelessness, while only 6 percent were employed (HRA, 1986b). Homeless families in emergency housing tended to be larger, had younger heads of household, and had younger children than public assistance recipients in general in New York City (HRA, 1986a).

Factors that have been identified as being related to homelessness include frequent moves prior to a family entering emergency housing, residence in furnished apartments (single room occupancy housing), and overcrowded living conditions. Factors that were found not to be related to future homelessness included the amount of rent paid above the shelter allowance, use of special payments (i.e., emergency public assistance benefits) to pay rent or utility arrears, or rehabilitation or destruction of a family's housing (i.e., gentrification) (HRA, 1986b, 1986c).

Another category of the homeless are youth who cannot or refuse to return to their families. Although the economic circumstances of their families may have contributed to their homelessness, it may not have been the only factor. One study found that 55 percent of the homeless youth were male, they were aged 16 through 17 on average, and a substantial fraction had previously been in foster care (Shaffer & Caton, 1984).

The New York State Division for Youth estimated that in 1982 there were 20,000 homeless youth living in New York City (CCF, 1984). In 1985, 10,853 homeless youth (ages 16 through 20) in New York State were provided services through DFY. Eighty percent of these youth (8,677) received residential services, while the remainder were provided non-residential services, such as assistance in finding housing or obtaining social services benefits. The majority (81%) of the homeless youth served by DFY were from New York City (DFY, 1986).

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*There are three limitations to the existing data on the homeless. First, there is no way to determine the number of homeless who do not request services or who do not receive government-funded services. Second, because homeless individuals often experience more than one episode of homelessness in a year and may receive services from more than one provider, there is no way to determine the actual number of homeless from service data. Finally, because the number of people who receive services is based on a changing supply of services, it is impossible to discern trends in the number of homeless directly.

One study found that, among boys of high academic ability, those from low socioeconomic backgrounds had a 48 percent chance of attending college, while boys from high socioeconomic backgrounds had an 87 percent chance. The differential was even greater for girls. Those from low socioeconomic backgrounds had a 34 percent chance of going to college and those from high socioeconomic backgrounds had an 82 percent chance (Flannigan & Cooley, 1986).

The importance of education to earnings has been shown in a study conducted by the Census Bureau (1983d). The lifetime earnings of men with less than a high school education were estimated to be $601,000 (1981 dollars), while those for men with a college degree were nearly twice as great ($1,190,000). Estimates of women's lifetime earnings are much lower, although they also demonstrate the utility of education to earnings. Women who failed to complete high school can expect to earn, on average, $211,000 over the course of their lives, while those completing college can expect to earn over $523,000.

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HIGHLIGHTS

- *New York State mothers with dependent children (birth through 17 years of age) joined the labor force at an unprecedented rate between 1970 and 1980. During this period, the number of mothers employed or seeking employment increased by 29 percent, nearly four times the increase in the total labor force (8%).*
- *In 1980, 50 percent of all New York State mothers with children under 18 years of age were in the labor force compared with 36 percent in 1970. Mothers with young children (under 6 years) had the greatest gain in labor force participation; from 23 percent in 1970 to 37 percent in 1980.*
- *It is projected that, by 1990, 60 percent of employed fathers will have working wives and 45 percent of the labor force will be parents of children less than 18 years old.*
- *In 1980, approximately 364,000 (27%) New York State children under the age of 6 years were in need of some form of substitute child care. Another 466,000 (23%) children aged 6 through 13 were estimated to be in need of substitute care either before or after school.*
- *As of 1985, there were over 5,614 licensed child care providers in New York State with a total capacity of 133,544 children; approximately 16 percent of the estimated need for care.*
- *Nationally, child care arrangements changed dramatically between 1958 and the winter of 1984-85. During this period, the percentage of children with full-time working mothers who were cared for in their own homes decreased from 57 to 23 percent. In contrast, group care increased from 5 to 30 percent.*
- *Child care arrangements for school-age children (6 through 13 years old) in the United States remained fairly stable between 1974 and 1984. Despite full-time employment of mothers, parents reported providing the majority of after-school care for these children (53% in 1974 and 55% in 1984).*
- *In 1984, approximately 13 percent of the nation's children 5 through 13 years of age cared for themselves after school or were in the care of someone under 14 years of age. If New York State was similar to the nation in after-school care that year, an estimated 152,000 school-aged children received no adult care after school, including 29,000 children between 5 and 8 years of age.*
- *In New York State, less than 0.1 percent of all employers, or nearly 100 of 440,300, assisted with child care in 1985.*
- *In 1979 dollars, the average annual fees for center-based child care services for one child amounted to 20 percent of the median income of families with children in New York City and 9 percent of the median income of families with children in the rest of the state.*
- *In the average New York State child care program, 4 out of 10 head teachers leave their jobs each year. In 1985, turnover rates for teachers' aides were 22 percent in New York City and 45 percent in the rest of the state. The average annual earnings of child care employees in 1982 were $7,893.*
- *In 1985, tax credits were the largest single source of public support for child care in New York State (49%). Funds from the Social Services Block Grant (Title XX) and the Head Start program were the next largest sources at 23 and 13 percent, respectively.*

Child Care

"It's time we drag ourselves into the 1980s and update our policies to make work and family more compatible."

Rep. Patricia Schroeder
November 9, 1985

Children require significant amounts of time, energy, and care, particularly when they are very young. In the past, such care was typically provided full-time by mothers while fathers provided the sole financial support for their families. Over half (51%) of all families with children in New York State were organized in this "traditional" mode in 1970. By 1980, only 36 percent of the state's families with children consisted of two parents with the father as the sole breadwinner.

Many converging social and economic factors contributed to the decline in the number of "traditional" families during the 1970s. Increases in both the number of families maintained by single mothers and the number of mothers in the labor force were among the most important trends. Underlying these were such factors as rising divorce rates, extended periods of inflation, and changing attitudes about the role of women (O'Connell & Bloom, 1987). Many mothers not only wanted the challenge of a career, most needed paid employment to support their families. In 1980, 24 percent of all New York State's working mothers[1] were single parents. Another 29 percent lived with husbands who earned $10,000 or less annually (Appendix Table 4.1). Only 13 percent lived with husbands who earned more than $25,000 per year.

Regardless of the reason for maternal employment, the need for more and better child care options has expanded with mothers' increased involvement in the labor force. Yet, public and private responses to the need for more affordable child care services and more flexible personnel policies have been inadequate (O'Connell & Bloom, 1987).

The focus of this chapter is on child care in New York State: who needs care, how care is given, issues of concern, and employer and government involvement. The presentation is limited, however, by a paucity of data with which to measure the need for and supply of child care options. There is no coordinated system of child care in New York State and no centralized source of information. This lack of organization not only hinders efforts to define the scope of this pressing social problem, it also contributes to the difficulties families face in resolving their individual child care needs.

Unless otherwise noted, the data presented in this chapter come from published census data or the Council on Children and Families' (Council) analysis of the public-use microdata files from the 1970 and 1980 censuses of population (U.S. Department of Commerce, Bureau of the Census [Census Bureau], 1972, 1983a). Trends between 1980 and 1985 are assessed through the March 1980 and March 1985 Current Population Surveys (CPS) conducted by the Census Bureau (Census Bureau, 1986b).[2]

THE DEMAND

Mothers' Labor Force Participation

Because mothers have traditionally assumed primary responsibility for child care, their rate of participation in the labor force is frequently used as a key indicator of child care need. New York State mothers with dependent children (birth through 17 years of age) joined the labor force at an unprecedented rate between 1970 and 1980. During this period, the number of mothers employed or seeking employment increased by 29 percent, nearly four times the increase in the total labor force (8%) (Census Bureau, 1973, 1982).

In 1980, 50 percent of all New York State women with children less than 18 years of age were in the labor force compared with 36 percent in 1970. Mothers with children under 6 years old had the greatest gain in labor force participation, from 23 percent in 1970 to 37 percent in 1980. At the same time, the likelihood that mothers with older children (6 through 17 years of age) were in the labor force increased from 47 to 59 percent (Census Bureau, 1973, 1982).

In addition to differences by age of their youngest child, labor force participation of mothers in New York State varied according to marital status and race/ethnicity. In 1980, single mothers were more likely to be in the labor force (54%) than were married mothers (45%). Black mothers were more likely to be employed or seeking employment (59%) than either white (50%) or Hispanic (37%) mothers.

Further, the majority of New York State mothers who were employed in 1980 were employed full-time.

[1] In this chapter, "working" means having paid employment. It is not meant to imply that parents who remain at home with their children are not working. The Council on Children and Families recognizes and values the very real "work" involved in caring for children.

[2] Data from the Current Population Survey (CPS) are collected from a nationally representative sample of households. The 1985 analyses presented here are based on data from New York State households in the March 1985 CPS sample. Because this data set is relatively small, analysis could not be completed with confidence to the same level of detail that was possible with the larger census data sets. Additionally, because of the differing data collection methodologies, it is inappropriate to compare census figures at one point in time with CPS figures from another. Thus, trends between 1980 and 1985 are assessed by using the CPS data for both years.

These mothers averaged 33 hours per week on the job. Single mothers tended to work more hours (36) per week than mothers with a spouse (32 hours). Mothers with preschool children (under 5 years of age) worked only slightly fewer hours (31) than those with children aged 6 through 13 (32 hours) or 14 through 17 (34 hours).

It is projected that by 1990, 60 percent of America's employed fathers will have working wives and 45 percent of the labor force will be parents of children less than 18 years old (Economic Policy Council of the United Nations Association of the United States of America, Inc. [UNA-USA], 1985). The provision of quality care for the children of these working parents is essential for the individual children, their families, and the economy of the state.

Children in Need of Substitute Child Care

Basing estimates of child care need on mother's employment omits several other important factors that also influence the need for substitute care. These factors include mother's school attendance, availability of other adults in the home who may be able to provide care (i.e., father, older sibling, grandparent),[3] or the care needs of the child (as determined by age and school attendance).

To gain a more precise measure of child care need, staff at the Council considered these factors in an analysis of the 1980 census. A key element in the Council's analysis was matching the individual needs of children for care with the potential availability of household members to provide care.[4] For example, children under the age of 6 were considered to be in need of full-time care. Any indication of employment or school attendance excluded a household member from the pool of "available" providers of care. Children who attended a full day of school required less care at home. Potential providers of care to children 6 through 13 years of age who worked less than 14 hours per week or attended school were considered available for after-school child care. Accordingly, children in need of substitute care were those without a responsible household member available to provide for their particular care needs.

This refinement resulted in relatively conservative estimates of need. Nevertheless, as presented in Table 1, the need for substitute child care in New York State is substantial and growing — from 719,000 children in 1970 to 830,000 in 1980. Approximately 364,000 children under the age of 6 were in need of some form of substitute child care in 1980 compared with 309,000 in 1970. Another 466,000 children aged 6 through 13 were estimated to be in need of substitute care either before or after school in 1980 versus 410,000 in 1970.

Although precise estimates of need cannot be reliably attained from Current Population Survey data, a comparison of the March 1980 and 1985 CPS data suggests that the need for substitute child care continued to increase through the early 1980s, particularly for preschool children. Two major factors contributed to the increased estimates of need. One was an increase in the preschool population (see *Chapter 1: Demographic Overview*). The other was a concurrent rise in the labor force participation of mothers with preschool children.

CHILD CARE ARRANGEMENTS

Balancing the conflicting demands of work and family is a challenge faced by all employed parents. This challenge is met through a wide variety of arrangements that can be categorized in two ways: those that assist parents in their role of caretaker by increasing flexibility in the workplace (i.e., family-oriented employment policies) and those that assist parents in their role of breadwinner by assuming a portion of child care duties (i.e., substitute child care). The ability of families to use any of these arrangements is limited, however, by their availability and their affordability.

Family-Oriented Employment Policies

Employment policies that free parents to personally provide for family needs are an important means of balancing the demands of work and family. Such policies are standard in every industrialized country but the United States (UNA-USA, 1985).

Over 100 countries have laws that guarantee all employed women the right to a fully job-protected leave at the time of childbirth and a cash benefit that replaces some, if not all, of her usual earnings. In Europe, the minimum paid leave is 14 weeks, but the average is 5 months. In the United States, the only federal statute on maternity is the 1978 Pregnancy Discrimination Act. This Act states that employers must treat pregnancy as they would any other disability. New York State is one of only five states in the nation that requires private employers to provide disability insurance (UNA-USA, 1985).

Beyond what is mandated by the government, some companies have established family-oriented employment policies for their employees. Examples of these policies are presented in Box A. The number of private employers in New York State who have adopted such options is not known. National statistics, however, suggest that family-oriented work policies are not widely available. As of 1986, only 36 percent of collective bargaining units had negotiated maternity leave for their members (Jacobson, 1986; Bureau of National Affairs, Inc., 1986). Overall, an estimated 60 percent of working women have no maternity related leave benefits (UNA-USA, 1985).

Employment policies for state workers in New York rank among the most progressive in the United States. New York State, as an employer, offers its employees flextime, voluntary reduction in work schedule

[3]For the purpose of this analysis, individuals 14 years of age or older were considered responsible enough to provide child care. Although age may not be the best measure of ability to assume responsibility, age 14 was selected as it is a time of major transition for most children — entry into high school.

[4]The phrase "potential availability" is used because the census does not provide such key information as willingness to care, involvement in activities other than work or school (e.g., after-school sports), or shift work.

BOX A
Family-Oriented Employment Policies

Maternity Leave

Employer-approved absence from work for a woman surrounding the birth or adoption of her child. At a minimum, maternity leave must provide the same benefits granted to any other employee with a medically-approved "disability." However, maternity leave can take many forms. It may extend beyond the "disability" period and may or may not include such benefits as compensation, guaranteed reinstatement, and uninterrupted accrual of seniority.

Parental Leave

Employer-approved absence from work following the birth or adoption of a child. This differs from maternity leave in that either parent can participate and the health condition of the employee is not a factor. It is similar to maternity leave in that the details of the benefits (time allotted, compensation, job security, and accrual of seniority) vary with employer.

Flexible Leave

Employees earn personal leave time, which can be used for medical, family, education, or travel purposes. They do this instead of earning sick and annual leave separately.

Voluntary Reduction of Work Schedule

Employees can reduce their work schedules by an agreed upon percentage yet maintain all existing health, leave, and pension benefits. Under this scheme, time may be a) reduced, with a corresponding reduction in salary; b) "banked" for use at another time (e.g., for child care leave or attending school); or c) a combination of reduction in time and salary and the saving of other time for future use.

Part-Time Employment

A position which employs one person for less than a full-time work week.

Job Sharing

One full-time position that is shared by two people, making two part-time positions. Time does not necessarily have to be split equally each day. Job-sharers can alternate hours, days, or weeks according to agreement.

Compressed Schedules

Employees complete their bi-weekly work requirement (e.g., 80 hours) in less than the scheduled number of days (i.e., 8 ten-hour days vs. 10 eight-hour days).

Flex-Place

Employees may work at home instead of main office site.

Flextime

Flextime replaces fixed work hours with flexible beginning and end times while maintaining a fixed work week. In most cases, employees must be present during a core set of hours.

Credit Hours Credit hours are a more sophisticated type of flextime. In essence, an employee may work a certain number of hours beyond the weekly requirement in order to reduce the hours of the next week (e.g., a 50-hour and a 30-hour workweek to fulfill the 80-hour per bi-weekly time requirement).

Flexhour The employee preselects a starting time and may change it with prior notification and approval of a supervisor.

Gliding Schedule Within flexible limits, employees may vary their starting time without prior notification to or approval of the supervisor.

Maxiflex Employees may vary their work-day and -week as long as they are present for the core hours on some days. They must fulfill their basic work-week hours, with a limited number of credit hours.

Variable Day Employees may vary the length of the work-day as long as they are present for core time and meet the minimum number of work-week hours, or a limited number of credit hours.

Variable Week Employees may vary the length of the work-day and -week as long as they are present for core time and have the minimum number of work-week hours, or a limited number of credit hours.

Cafeteria Benefits

An employer offers a wide variety of benefits to the employees. Each employee is given a certain amount of "money" to "spend" on benefits, depending on the employment status of the employee. The employee can then "buy" those benefits he/she feels would be most useful. Benefit options may include health insurance, dental insurance, life insurance, or child care assistance.

Source: U.S. House of Representatives, Select Committee on Children, Youth, and Families [Select Committee], 1984; UNA-USA, 1985; Bureau of National Affairs, Inc., 1986.

(VRWS), job sharing, part-time employment, and up to six months of unpaid, but job-secure parental leave. Parents of sick children can use sick leave to personally provide for needed care. However, the availability of some of these options depends on job classification. Employee participation in any of these options is subject to the approval of the worker's supervisor. State employees, however, represent only 3 percent of all employees in New York State (New York State Department of Labor, 1986).

Substitute Child Care

Few working parents can accommodate their families' child care needs simply through adjustments in their work schedule. Most must arrange for some type of substitute care for their children while they work. Faced with different needs and different resources, families in New York State rely on a wide variety of child care services. Care may be provided full-day or part-day, with or without other children. It may or may not be licensed or certified.[3]

The type of care used varies depending on whether children are preschool or school aged. Although all quality programs provide for the developmental needs of the children in their care, a distinction is made between programs that provide child care for working parents and those that focus primarily on providing part-day educational and social enrichment for children. Types of programs that emphasize their role as caregiver are defined in Box B. Types of programs that emphasize their role as educator are presented in Box C.

[3]Both licensing and certification signify compliance with qualifying operating regulations. For the purposes of this discussion the terms will be used interchangeably.

BOX B
Types of Child Care

Day Care Center

Day care centers provide group care for children away from their own homes for all or part of a day. Most centers enroll children 3 through 5 years old; a growing number also offer care for infants, toddlers, and school-age children.

Day care centers that enroll more than three children for more than 3 hours and less than 24 hours a day must be licensed by the Department of Health in New York City (NYCDOH)* and by the New York State Department of Social Services (DSS) in the rest of the state. Licensed centers must comply with specific requirements for facility, health, safety, staffing, and educational program. In New York City, day care center teachers must have New York State teacher certification.

Family Day Care

Family day care is provided in the caregiver's home. Most family day care providers accept children from infancy through school age without enrollment to specific age groups.

In New York City, family day care homes providing care for up to five privately-funded children over the age of 2 (including provider's children under 16 years of age) may be voluntarily registered by NYCDOH's Bureau of Day Care. Those providing care for infants to 16 months in their home and any home caring for more than five must be licensed. Publicly-funded family day care homes in New York City that care for three to six children must meet requirements of the State Department of Social Services and be certified by the New York City Agency for Child Development or by authorized child care agencies.

In the rest of the state, family day care homes that care for three or more preschool children (limit of six) and two additional school-age children must meet licensing regulations of the State Department of Social Services. Private (nonpublicly funded) family day care homes are licensed by regional offices of the State Department of Social Services; publicly-funded family day care homes are licensed by local departments of social services or authorized child care agencies.

Group Family Day Care

Group family day care is an extension of family day care. Care is provided in a home by two adults for up to twelve children if none are under 2 years old, or up to ten children of all ages with up to four children under 2 years of age; two additional school-age children may be cared for before and after school hours.

Group family day care homes are licensed by regional offices of the New York State Department of Social Services and must meet Department licensing standards.

In-Home Care

In-home care is full- or part-day care provided by an adult (sometimes a relative) in the child's own home. If the care is provided on a regular basis and the caregiver is paid, he or she is considered an employee and is entitled to minimum wage and certain other benefits (e.g., Social Security).

*NYCDOH standards include licensing when a program provides care for at least 6 children under 6 years of age for more than four hours a week, regardless of the number of children under 2 years of age in such a group.

Source: New York State Commission on Child Care, 1986a.

BOX C
Types of Early Childhood Enrichment Programs

Head Start

Head Start is a federally-funded program for children 3 through 5 years of age from low-income families. It offers a comprehensive child development program including health, nutrition, education, and social services. Parent involvement is an integral part of the program. Head Start programs are primarily part-day and usually follow a school-year schedule.

Head Start centers in New York State must meet the day care licensing requirements established by DSS.

New York State Prekindergarten

New York State Prekindergarten is a state-funded public school program for children 3 through 5 years of age from families who are economically disadvantaged. It provides comprehensive health and social services, parent involvement, and a developmental program. Prekindergarten programs are optional for local school districts and provide part-day care.

Nursery School

Nursery school provides social and educational programs for children 3 through 5 years of age. Nursery schools operate for less than three hours a session, two to five times a week, and often follow a school-year schedule. Some nursery schools emphasize a particular philosophy (e.g., Montessori, Waldorf).

Nursery schools may register voluntarily with the New York State Education Department, which sets guidelines for facility, staff, and program. Some operate as a cooperative requiring parent participation to administer the school and to assist professional teachers in the classrooms.

Source: New York State Commission on Child Care, 1986a.

For many children, more than one arrangement is made. For example, a national study conducted in the winter of 1984-85 found that 14 percent of all children under 5 years of age whose mother was employed full-time received substitute care in at least two different arrangements. Nearly one-third of these children (32%) combined nursery school or preschool with another form of child care to complete a total package of care (Census Bureau, 1987b).

Other estimates of the percentage of children with multiple care arrangements are as high as 55 percent (Kamerman, 1980). When all children in a family were considered, an estimated 63 percent of the families relied on multiple care arrangements. Such diversity is difficult for the parents who must plan and coordinate the total care package and for the children who face constant adaptation to new environments (Kamerman, 1980).

The selection of child care is optimally based on the parents' perception of the suitability of the provider, the convenience of the hours, the location and affordability of the care, and the appropriateness of the program (UNCO, 1976). In many situations, however, children are placed in the type of care their parents can find and afford, not necessarily the kind they prefer (Morgan, 1983).

Licensed Care In New York State, the only data on the supply of substitute care are for care which is licensed. As of 1985, there were over 5,600 licensed child care providers in New York State with a total capacity of 133,544 children — approximately 16 percent of the estimated need for care (see Tables 1 and 2).

TABLE 1
Children Potentially in Need of Substitute Child Care by Age
New York State, New York City, Rest of the State
1970, 1980

Child's Age	Area: New York State	New York City	Rest of the State
		1970	
Total 0 - 13	719,000	266,000	453,000
0 - 5	309,000	114,000	195,000
6 - 13	410,000	152,000	258,000
		1980	
Total 0 - 13	830,000	282,000	548,000
0 - 5	364,000	133,000	231,000
6 - 13	466,000	149,000	317,000

Source: Analysis of data from Census Bureau, 1972, 1983a.

As seen in Table 2, slightly more than one-half of all licensed slots were subsidized with public funds. However, one-third of the subsidized slots were provided by Head Start which offers care for only a portion of the day (see Box C). Although New York City had 53 percent of the licensed day care providers in the state, these facilities cared for 60 percent of all children in licensed slots and 74 percent of the children with subsidized slots.

The low proportion of estimated need that is accommodated by licensed care is one indication that the majority of child care in New York State is unregulated. Further evidence of heavy reliance on unregulated care comes with a comparison between national estimates of the distribution of child care arrangements and the distribution of licensed care arrangements in New York State. As will be seen in the next section,

most American children in the winter of 1984-85 who were under 6 years old (70%) received care within a family setting (Census Bureau, 1987b). In New York State, 86 percent of licensed care was provided in center-based group care (Table 2).

TABLE 2
Licensed Day Care Capacity
By Type of Care, Presence of Subsidy, and Location
New York State
1985

Type of Care	Location		
	New York State	New York City	Rest of the State
Total Licensed Care[a]	**133,544**	**79,585**	**53,959**
Privately Supported	62,563	27,257	35,306
Publicly Supported	70,981	52,328	18,653
Group Care (Centers)	**115,526**	**69,799**	**45,727**
Privately Supported	55,850	25,194[b]	30,656
Publicly Supported	36,050	33,207[c]	2,843
Head Start	23,626	11,398	12,228
Family Day Care	**18,018**	**9,786[d]**	**8,232**
Privately Supported	6,713	2,063	4,650
Publicly Supported	11,305	7,723	3,582

[a]Licensed care is not necessarily full-day care. For example, Head Start programs, which accommodate one-third of all publicly supported slots, are primarily enrichment programs. They typically offer supervision and education for only a portion of the day.

[b]While capacity is 25,194, enrollment is 35,846. Some children attend part-time and share slots. An estimated 10,000 children are also served in approximately 300 centers who have applied for licenses through the New York City Department of Health, but are not yet licensed.

[c]While capacity is 33,207, enrollment is 36,872. Some children attend part-time and share slots.

[d]Agency for Child Development certified 1,880 homes with 9,536 children. Of the 9,536 slots, 5,376 were administered and subsidized by ACD. Another 2,347 slots were administered by private voluntary agencies under state regulations, but were used by ACD through purchase of service arrangements. The remaining 1,813 were administered by private voluntary agencies and were available for private use. The New York City Department of Health licensed 104 homes with spaces for 250 children — all privately supported.

Source: New York City Human Resources Administration, Agency for Child Development, 1985; New York State Department of Social Services, 1985a, 1985b, 1986; United States Department of Health and Human Services, 1985; New York City Department of Health, 1986.

Certain features of the licensing process may contribute to the high proportion of unregulated care in New York State. First is the complexity of the "system." In New York State, the responsibility for licensing child care providers is shared among the New York State Department of Social Services; county departments of social services; the New York City Department of Health; the New York City Human Resources Administration, Agency for Child Development (ACD); and authorized child care agencies. Understanding when a license is needed and who the appropriate licensing agent is can be a difficult task. For example, family day care may be licensed by any of the five listed agents depending on where in the state the program is located and on whether or not public funds are received. Such complexity may discourage providers from seeking licensed status.

Health and safety regulations are another source of confusion for potential providers of licensed care. Since January 1, 1984, New York State has had a Uniform Fire Prevention Building Code that sets minimum standards for fire prevention and building safety based on occupancy or intended use of the building. Facility standards for day care use tend to be more stringent than standards for other forms of use (i.e., education or religious activity). As a result, many day care programs cannot be housed in the same schools, churches, or community centers that serve children in other ways.

In addition, local authorities, responsible for inspecting buildings and insuring compliance with the Code, can vary in their interpretation of the Code. Particularly in areas where more than one official inspects a program (e.g., one for fire safety and another for structural compliance), opinions may differ regarding problem areas and the need for building alterations. Such regulatory problems may present potential providers with situations that are difficult to resolve.

Zoning restrictions also create barriers to the expansion of licensed family day care. Currently, state law and regulations that govern licensed family day care do not specifically require any approval by local zoning officials. However, some localities treat family day care as a business and prohibit such operations in residential neighborhoods or require that potential providers seek a variance before a local zoning board (Lamm, 1986).

Another disincentive to the development of licensed care, particularly subsidized care, is the low level of reimbursement rates paid for the care of children whose families are eligible for subsidies. Average reimbursement rates for county-certified family day care providers in New York State are between $30 and $35 per-week-per-child (Lamm, 1986). A provider caring for four children for a full year at $35 per-week-per-child would earn $7,280 — less than minimum wage and below the poverty level for a family of four.

For center-based programs, DSS allows a maximum reimbursement rate of $97.75 per-week-per-child in New York City and $60 per-week-per-child in the rest of the state. Through an exemption process a few counties pay higher rates with local public funds; others pay less than the maximum rates. According to the results of a survey of providers, current rates do not cover the actual cost of center care and limit their ability to serve subsidized children (New York State Commission on Child Care, 1986a).

Finally, many school-age child care programs operate outside the formal, regulated network. Outside New York City, programs operating for less than 3 hours a day are exempt from licensing. Without a license, school-age care programs face a number of problems. These include inability to purchase liability insurance and ineligibility for public subsidies (Lamm, 1986).

Programs that cannot operate without these supports, yet cannot qualify for them, are limited in their ability to provide needed services, particularly to economically disadvantaged children. Further, the existing regulations are focused on the needs of preschool-children and some are inappropriate for school-age children.

Infant, Toddler, and Preschool Care Data on the total spectrum of care (including unregulated care) are not available for New York State. However, national data, presented in Table 3, suggest that substitute care for children under 6 years old has increasingly been given outside the home. In 1958, more than half of the children under 6 years old whose mothers worked full-time were cared for in their own homes while their mothers were at work. By the winter of 1984-85, less than one-quarter of these children received care at home. At the same time, care given in another home rose substantially (from 27% in 1958 to 43% in 1984-85), and the use of group care rose from 5 to 30 percent of substitute care for young children.

Changes were also noted in the relationship of the child to the caregiver. Between 1958 and 1984-85, the proportion of children who received care from their father declined from 15 to 10 percent. Care given by other relatives declined 18 percentage points to 24 percent while home care by nonrelatives increased 5 percentage points to 32 percent.

These changes in the way children received care may be related to changes in the family and in the economy. Increases in divorce, separation, and nonmarital childbearing have meant that many fathers and in-laws are no longer available to care for children within the child's home. In addition, smaller families have resulted in fewer older siblings being available to care for younger children. Finally, the reduction in care provided by a relative may reflect the general increase in labor force participation for all women. Grandmothers and aunts of the 1950s who helped with child care are more likely to be working in the 1980s (O'Connell, 1982).

The growth in group care services may, additionally, reflect a growing realization that participation in a high quality preschool program can have long-term benefits for the individual child, the family, and society. Several studies examining the effects of early childhood educational programs on disadvantaged children have found marked differences in school performance, economic status, delinquent behavior, and prevalence of adolescent pregnancy between the children who did and did not participate in a preschool program (Beurueta-Clement, et al., 1984; Lazar & Darlington, 1982).

When these differences were translated into savings for such public expenditures as special education, remedial education, unemployment benefits, public

TABLE 3

Percent Distribution of Children Under 6 Years Of Ever-Married Full-Time Working Women By Type of Child Care Arrangements United States Selected Years 1958 Through Winter 1984-85

Type of Child Care Arrangement	1958[a]	1965[a]	1977[b]	1982[c,d,e]	1984-85[c]
Total[f]	100%	100%	100%	100%	100%
Care in Child's Home	**57**	**47**	**29**	**27**	**23**
By Father	15	10	11	11	10
By Other Relative	28	18	11	11	8
By Nonrelative	14	19	7	5	5
Care in Another Home	**27**	**37**	**47**	**46**	**43**
By Relative	14	18	21	21	16
By Nonrelative	13	20	27	25	27
Group Care Center	**5**	**8**	**15**	**20**	**30**
Mother Cares While Working	N.A.	**7**	**8**	**7**	**5**
All Other Arrangements	**11**	**0**	**1**	**0**	**0**

[a]Sample includes all children under 6 years of age whose mothers work.

[b]Sample includes the two youngest children under 5 of working mothers.

[c]Includes a relatively small number of never-married mothers.

[d]Sample includes the youngest child of working mothers between 18 and 44 who have children less than 5 years of age.

[e]Percentages may not sum to 100 due to rounding.

[f]All responses that indicated "don't know/no answer" have been excluded from the computations.

Source: O'Connell, 1982; Census Bureau, 1983b, 1987b.

assistance payments, and incarceration; the estimated economic benefit to society for each preschool participant was more than seven times the cost of one year in the preschool program (Beurueta-Clement, et al., 1984).

School-Age Child Care Children of fully employed mothers who attend a full day of school have a large proportion of their substitute child care needs met by the educational system.

As with preschool care, the most comprehensive information available on care arrangements for children aged 6 through 13 is from national survey data. In October 1974 and December 1984 the Census Bureau included supplements to their Current Population Survey that focused exclusively on care arrangements for school-aged children.[6] Findings from these supplements are presented in Tables 4 and 5. A separate category of group care was not included in these surveys.

Two features of school age care that are most noticeable in Table 4 are the stability in distribution of care across the decade and the high proportion of care that is attributed to the working parent. Despite full-time employment, the majority of parents in both 1974 and 1984 stated that they personally provided after-school care. The Census Bureau suggests a number of possible explanations why parental care is so high including shift work, work during school hours only, and misreporting (Census Bureau, 1987a).

Several studies support the finding that shift work is a relatively common child care solution. A 1979 study of households with an employed wife or an unmarried working parent found that 29 percent of the families with the youngest child between 6 and 11 years old reported parents doing shift work in order to share child care duties (Morgan, 1980). These findings were supported in a later analysis of the May 1980 Current Population Survey. According to this analysis, one-third of full-time dual-earner married couples with children under age 5 had at least one parent on a shift work schedule (Presser & Cain, 1983).

TABLE 4

Child Care Status of Children 6 Through 13 Years Old With Mothers Who Were Employed Full-Time United States 1974, 1984

Type of Caretaker	Percentage of Children 1974	1984
Total Children 6 - 13 Years[a]	100%	100%
Parents Only	53	55
Nonrelative, Group Care or Other	11	13
Relative 16 Years or Older	18	15
Relative Less than 16 Years	[illegible]	5
Self	16	12
Not Reported	1	0[b]

[a]Percentages may not sum to 100 due to rounding

[b]Less than 0.5 percent

Source: Census Bureau, 1987a

[6]A child care supplement was also included on the February 1965 Current Population Survey but the data from this supplement were not comparable to these findings.

TABLE 5

After-School Caretaker of Children 5 Through 13 Years of Age With Full-Time Employed Mother By Race and Age of Child United States December 1984

Race and Age Of Child	Total	Parent	Adult[a] Sibling	Other Relative	Non Relative	No Adult[b]
All Races, 5 - 13 Years	100%	54%	5%	12%	15%	13%
5 - 8 Years	100	49	3	15	26	6
9 - 11 Years	100	55	7	12	11	16
12 - 13 Years	100	61	8	7	3	22
White, 5 - 13 Years	100	53	5	11	16	15
5 - 8 Years	100	48	2	13	29	7
9 - 11 Years	100	54	6	11	11	18
12 - 13 Years	100	59	8	7	3	24
Black, 5 - 13 Years	100	61	5	15	10	7
5 - 8 Years	100	53	3	23	17	3
9 - 11 Years	100	61	8	13	9	9
12 - 13 Years	100	72	6	7	3	13

[a]Adult caretakers are persons 14 years old and over.

[b]These children are either in self-care or with a caretaker under 14 years of age.

Note: Percentages may not sum to 100 due to rounding.

Source: Census Bureau, 1987a

Employment within school hours is also an attractive option for many parents. According to an analysis of a CPS child care survey conducted in February 1965, 31 percent of the care provided to children of working mothers was provided by parents who worked only during school hours (15% by fathers and 16% by mothers) (Census Bureau, 1987a).

Finally, the data may reflect some level of deliberate misreporting on child supervision because of a perceived illegality of leaving a child unattended (child neglect), fear for a child's safety, and a perception of social undesirability associated with forms of child care labeled "latchkey" (Census Bureau, 1987a).

As seen in Table 5, black children in 1984 were significantly more likely to be in the care of a parent or "other" relative after school than were white children. Conversely, white children were more likely than black children to be cared for by a nonrelative.

The relationship of the child to the after-school care provider also varied by the age of the child. In general, the older the child the more likely that care was provided by a parent or an adult sibling and the less likely that care was provided by another relative or nonrelative.

UNMET NEED

Despite the increased demand for child care services, there are indications that the marketplace response to this demand (development of a sufficient supply of affordable care) has not occurred. The high cost of quality care coupled with an inability of many parents to bear the cost of care has kept many mothers out of the labor force in order to care for their children, or has left many children without adult supervision while their parents worked.

Cost of Care

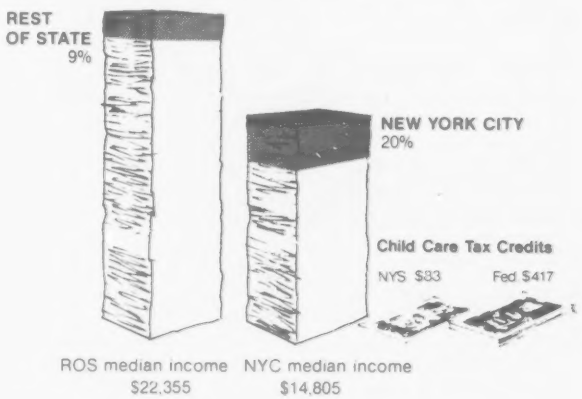
The environment in which children are raised affects not only their present well-being, but also affects the kind of adults they will eventually become. Throughout childhood, an environment that is safe, nurturing, and stimulating is optimal. Providing care with these qualities is labor-intensive and very expensive. If the parent provides the care, the cost is measured in lost earnings and, for some, missed career opportunities. If the care is purchased, the cost is best understood as the proportion of total family income allocated to the provision of alternative child care. Unmet need results when families are unable to make satisfactory child care arrangements at a price they can afford.

An estimate of the cost of child care in New York State is presented in Table 6. Based on an average of fees charged by public and private center-based programs, these costs reflect such important factors as number, age, and residence of the children (Zinsser, 1986). In 1985, cost of child care was greater for young children (birth through 5) and for those in the New York City area than for children who were school-aged or living in the rest of the state.

Regardless of residence these child care costs represented a significant percent of family income (Figure I). The proportion of family income devoted to child care can be calculated by converting cost of care for 1985 to 1979 dollars and comparing these figures with the 1979 median incomes for each area. Accordingly, the average annual fee for one child in New York City was $4,472 in 1985. In 1979 dollars, this cost would have been $3,019 or 20 percent of the median income for New York City families in 1979 ($14,805).

In the rest of the state, the proportion was closer to 9 percent (that is, $1,966 in 1979 dollars compared to the median income of $22,355 in 1979). Average fees paid in both areas were still well above the 5 percent families in this income range could afford (Select Committee, 1984).[7] The further income falls below the median, the younger the child, or the more children in care, the greater the disparity between the cost and ability to pay.

Figure I **Child Care Cost as Percent of Income**
Average fees paid/median income



Source: Table 5 and Chapter 3, Table 1

Employment Barrier

Self-care as a viable option to adult supervision decreases with the age of the child. The best measure of unmet need among young children is the extent to which mothers perceive lack of child care as a barrier to employment.

According to a 1982 Census Bureau report, over one out of every four women with children under 5 years of age (26%) who were not in the labor force indicated that they would look for work if child care were available at a reasonable cost. The proportion rose to 36 percent for mothers in families earning less than $15,000 per year and 45 percent for single mothers (Census Bureau, 1983b).

A more limited study conducted in the Capital District region of New York State in 1987 supported at least one finding of the Census study. Focused exclusively

[7] The 5 percent estimate of affordability is based on families earning less than the Bureau of Labor Statistics Intermediate Budget ($25,407) for a family of four in 1981.

on mothers with incomes at or below 125% of the poverty level, the 1987 study found that over half (57%) of the unemployed mothers in the sample were not going to school or were not in the labor force because of problems finding child care. Many of these mothers (35%) stated prohibitive cost of care as the primary problem (Family Law Task Force of the Legal Aid Society of Northeastern New York, Inc., 1987).

TABLE 6
Average Fees Paid for Full-Time Child Care
By Age of Children
New York State
1985

Age of Children	New York City		Rest of the State	
	Per Week	Per Year	Per Week	Per Year
Birth - 14	**$86**	**$4,472**	**$56**	**$2,912**
Under 3	104	5,408	63	3,276
3 - 5	82	4,264	58	3,016
6 - 14	56	2,912	37	1,924

Source: Zinsser, 1986

Self-Care

Despite probable underreporting, findings from the 1984 Census Bureau study of school-age child care indicated a relatively high proportion of children who cared for themselves after school. As presented in Table 5, 13 percent received no adult supervision after school. White children were more than twice as likely to be left on their own while mothers worked than were black children (15% vs. 7%). Children who were 12 and 13 years of age were nearly four times as likely to be on their own than were children between 5 and 8 years of age (22% vs. 6%).

If after-school care arrangements in New York State are similar to those received in the nation, an estimated 152,000 New York State children cared for themselves after school in 1984, including 29,000 children between 5 and 8 years of age.[a]

The point at which a child is capable of caring for himself or herself is not well defined. The skills needed for self-care are developed over a long period of time, with some children ready to assume the necessary responsibilities long before other children. Ideally, the transition from total dependence to independence comes in gradual steps. Realistically, timing frequently depends on such factors as pressures on the parent to be relieved of full-time child care responsibilities, the parent's perception of their child's maturity, the parent's understanding of dangers in the home or neighborhood, and the availability of affordable alternative care resources in the community.

Some of the children who will be left to care for themselves will thrive on the experience, some will just manage to cope, others will be at risk, and still others will be harmed. Nearly all experiences are mediated by the quality and character of the family and the nature of the immediate environment and neighborhood (Garbarino, 1980).

The most common danger faced by unsupervised children is injury due to accident — the primary cause of childhood death. In a major city, for example, one in six calls received by the fire department involved a child (or children) alone in a household (Rooney, 1983). In addition, children left alone or under the supervision of an older sibling are at greater risk of neglect or abuse by siblings or a nonparental adult (Finkelhor, 1979).

RESPONSE TO NEED

Families have traditionally assumed total responsibility for the care of their children. However, social and economic changes have forced many families to seek community assistance in meeting these responsibilities. The community (defined here as the marketplace, employers, and governments) has responded in many ways. Other charitable groups within the community such as churches, the United Way, and youth organizations have also assisted, but the scope of this assistance has not been documented.

Marketplace Response — The Provider Subsidy

One response to a service demand situation in a marketplace economy is an increase in supply. However, such growth occurs more readily when the price of the commodity (in this case child care services) is at a rate the consumer can afford to pay. Providing quality care — including sufficient child/staff ratios — at rates parents can afford is a challenge for any child care program and a key reason why the marketplace has been unable to supply sufficient child care services.

One way programs keep costs of care low is by maintaining staff at low wages and offering few, if any, benefits. According to an analysis of the Census Bureau's 1982 Census of Service Industries, New York State had 21,545 child care employees (excludes family day care) with an average annual salary of $7,893 per employee (Zinsser, 1986). Wages varied, however, by position in the program and residence in the state.

A 1986 study of 4,844 child care employees in New York State's day care centers, Head Start programs, and nursery schools found that head teachers in New York City, with average earnings of $9.14 per hour, were the best paid child care workers in the state. Fully, 88 percent had completed three or more years of college and nearly one-third (32%) had completed post-graduate study. Classroom aides in New York City had the next highest average earnings at $5.85 per hour (Zinsser, 1986).

Wages for child care employees were much lower in the rest of the state. Despite the fact that more than

[a] These figures are derived by multiplying New York State population projections for 1984 (New York State Department of Commerce, 1985) by the proportion nationwide estimated to be in self-care by the Census Bureau (Census Bureau, 1987b).

half (55%) of the head teachers in counties outside New York City had completed three or more years of college, they earned an average of only $5.33 per hour. Classroom aides earned an average of only $3.80 per hour (Zinsser, 1986).

In New York City, 66 percent of all programs provided individual health coverage, 56 percent provided family health insurance, and 50 percent provided dental insurance. Only 44 percent provided a retirement plan and 36 percent offered life insurance.

Child care employees in the rest of the state were less likely to receive such benefits. Only 54 percent of the programs outside New York City provided workers with individual health insurance, 26 percent with family health insurance, and 19 percent with dental health insurance. Retirement plans or life insurance were available in only 18 percent of the programs outside New York City (Zinsser, 1986).

Low compensation rates for child care workers affect more than the availability and cost of care. They also affect the quality of child care programs by contributing to staff recruitment problems and high turnover rates. Seventy-five percent of the programs in New York City and 59 percent of programs in the rest of the state reported some or much difficulty in recruiting head teachers. Low wage rates and lack of benefits were the chief causes of difficulty filling staff positions in counties outside New York City, while lack of qualified applicants was the major reason within New York City (Zinsser, 1986).

Turnover rates were high throughout the state, disrupting the continuity of care children receive. In the average New York State program, four out of ten head teachers left their jobs each year. Annual turnover rates for teacher aides were 22 percent in New York City and 45 percent in the rest of the state (Zinsser, 1986).

Employer-Supported Child Care

Another possible response to a service demand situation is increased assistance from employers. In 1980, parents of dependent children comprised approximately one-quarter of the labor force. Projected labor shortages at the end of the century mean that employers reliance on the labor of parents will increase. One way employers can attract this population would be to expand efforts to accommodate child care needs.

Some employer-supported child care already exists. Included in the count of licensed child care providers (Table 2) is a relatively small number of employers who provide on-site care for children of employees. At least 42 on-site centers existed in New York State in 1985.[9] More than half (23) of these were part of the Empire State Day Care Services Network which provides child care to employees of the State of New York. The 42 centers were at the following sites: 29 were at hospitals, 7 were at universities, 3 were at companies (including one consortium of 12 participating companies), 2 were at office buildings, and 1 was a union-industry-government partnership (Friedman, 1985). Subsidy for these programs generally consisted of employer provision of start-up funds and the facility. Staff and maintenance were typically paid by parent fees which ranged from $40 to $60 per-child-per-week.

In addition to on-site care, New York State employers support families in accessing child care in other ways. In 1985, 38 employers in New York State paid over $500,000 in contracts for child care resource and referral services that link families in need of child care to providers of care (New York State Child Care Coordinating Council, 1986). Another 13 companies offered financial assistance to employees with child care needs. This assistance primarily took the form of vouchers and flexible spending accounts. In some communities (e.g., Nassau County), companies have contributed start-up grants to foster development of new child care centers.

Although the count of employers offering child care assistance is incomplete, it appears that New York State is similar to the rest of the country in employer response to child care needs. An estimated 2,500 employers, or less than 0.1 percent of the nearly 6 million employers in the United States offered child care assistance to their employees. In New York State, nearly 100 out of 440,300 firms assisted with child care in 1985 (Friedman, 1985; New York State Department of Labor, Research and Statistics Divison, 1986).

Public Response

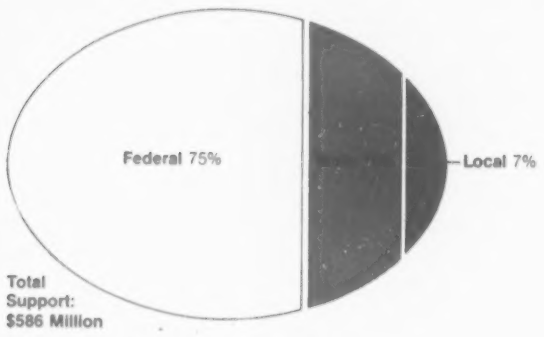
In lieu of sufficient private support for child care, local, state, and federal governments administer a variety of programs that directly or indirectly subsidize the cost of child care (Appendix Table 4.2). Eligibility criteria vary by county, by program, and usually depend on such factors as family income, program participation (e.g., some are limited to recipients of Aid to Families With Dependent Children [AFDC]), employment or education activity of the parents, age of the child, or some combination of the above. In all, $586 million in public funds were spent in support of child care in 1985. As presented in Figure II, the majority of these funds were from the federal government.

Indirect Subsidies In 1985, the largest source of public support for child care services was through the Internal Revenue Code (Figure III and Appendix Table 4.3). Under the tax code, a dependent care tax credit was available to all families who incurred employment-related child care expenses for their children under age 15 (Employee Benefit Research Institute, 1985).[10] Both a ceiling on declarable expenditures and the fact that the credit is a percentage of the expenditures declared meant that the child care credit compensated for only a portion of actual costs.

[9] This is not a complete count. Information on small employers and nonprofit organizations, who may be assisting their employees with child care, is not known.

[10] A credit was also allowed for other qualifying individuals, which include dependents of the individuals who are physically or mentally incapable of taking care of themselves.

Figure II **Public Support for Child Care**
1985



Source: New York State Commission on Child Care, 1986b; New York State Department of Taxation and Finance, Office of Tax Policy Analysis, Tax Statistics Bureau, 1987

Further, since the dependent care credit could only be claimed when deductions and exemptions did not exceed tax liability, this form of subsidy benefited primarily middle- and upper-income families. National estimates for 1981 indicated that about two-thirds of all families claiming a dependent tax credit had above average incomes (Select Committee, 1984).

In 1981, the Economic Recovery Tax Act (ERTA) raised both the ceiling on "qualified" child care expenses that could be declared and the percentage of these expenses that could be credited. Families could now claim $2,400 (up from $2,000) for one child or $4,800 (up from $4,000) for two children. The percentage of these expenses that could be credited rose from a flat 20 percent of eligible expenses to a graduated scale of 20 to 30 percent depending on income (Select Committee, 1984). In 1984, working parents in New York State declared over $1.1 billion in child care expenses and received $240 million in federal child care tax credits ($417 on average per family) and $48 million in state credits ($83 on average per family) (New York State Department of Taxation and Finance, 1987).

Direct Subsidies In 1979, approximately 107,240 children in New York State between birth and 13 years of age lived in poverty despite the fact that both parents or the only parent worked (Census Bureau, 1983a). A crucial element in helping families of these children maintain self-sufficiency is adequate child care. Yet, most of these working families could not benefit from the tax credit because their incomes were too low. Direct subsidies are the primary means of providing child care support for low income families.

The New York State Department of Social Services administers the majority of direct subsidy programs for child care. The share that these programs contributed to the total supply of public support for child care in 1985 is presented in Figure III. Of the programs administered by DSS, the Social Services Block Grant (SSBG, Title XX) provided the largest source of direct support for child care in New York State and the second largest source of all public funding (23%). Although the federal government pays for 75 percent of the expenditures for SSBG-funded services (under the SSBG ceiling), such services are optional for counties. Approximately one-half of all New York State counties provided SSBG-funded care in 1985 for income-eligible clients, while three-fourths of the districts used SSBG funds for child care for all clients, including public assistance recipients (New York State Commission on Child Care, 1986a).

Aid to Families With Dependent Children (Title IV-A) funds were the second largest source of DSS-administered public funding for child care in 1985. These funds are targeted primarily toward recipients of AFDC and Home Relief. Employed recipients or those in an approved educational program are entitled to child care services subsidized with Title IV-A funds.

The only publicly-supported child care services that are mandated in New York State are those that are the core service in a service plan for protective and preventive cases. SSBG funds cover the cost of this care up to an established ceiling. The balance is covered by funds from the Child Welfare Reform Act (CWRA). In 1985, CWRA funding accounted for 2 percent of all public expenditures for child care in New York State.

The remainder of the DSS administered child care funds are included in the special fund category in Figure III. These include funds for programs affecting adolescent parents, the working poor, and former public assistance recipients whose case was closed due to excess earned income. Three percent of all public funding was spent on these programs in 1985.

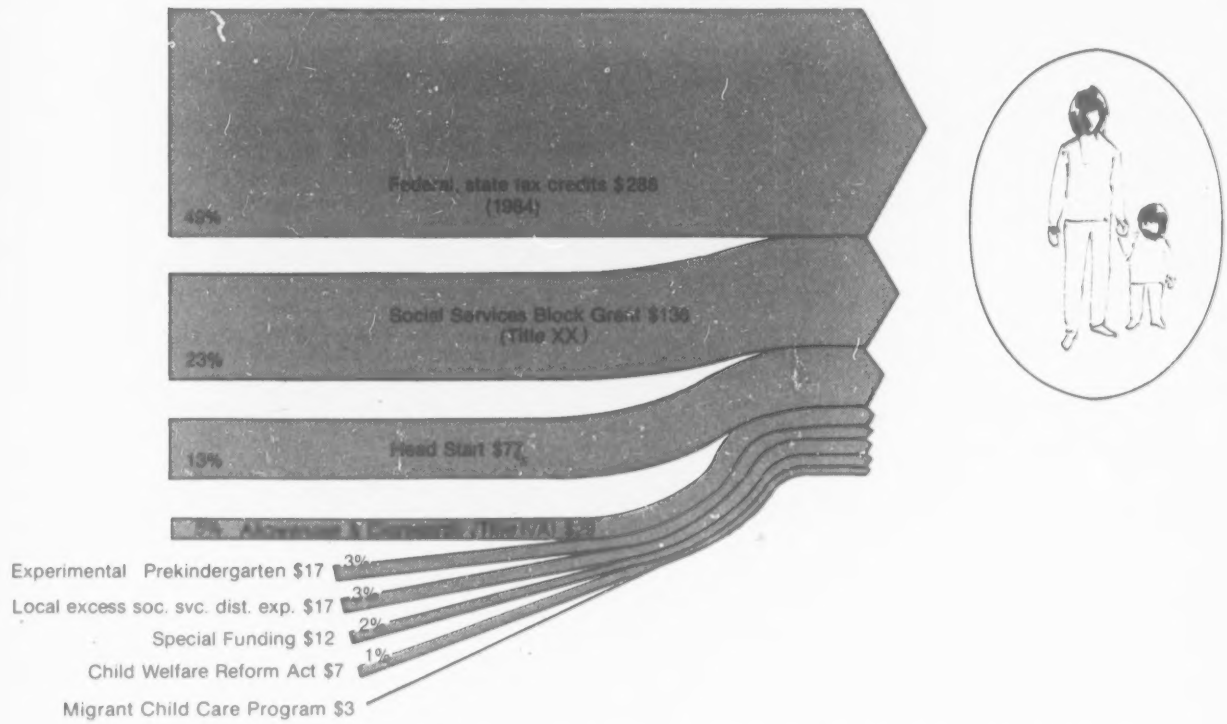
Several programs outside DSS also provide subsidized care for selected New York State children. These include the Department of Agriculture's Migrant Child Care program, the New York State Education Department's Prekindergarten program, and the federally-funded Head Start program. In addition, the Department of Labor's Job Training Partnership Act (JTPA) allows up to 15 percent of funds to be used for supportive services including child care services, for persons enrolled in a training program.

Despite the variety of programs available, relatively few eligible families benefit from child care subsidies. As of 1985, approximately 15 percent of all low-income working parents in New York State benefited from SSBG Title XX, Title IV-A, JTPA, and tax levy funds. New York City, which has the most extensive program of subsidized child care, served fewer than 20 percent of all low-income children. The rest of the state served approximately 9 percent of the poor (Center for Public Advocacy Research, 1985).

Similarly, both Head Start and the Prekindergarten program served only a small portion of children whose families were eligible for this service. Head Start, for example, served fewer than 15 percent of the state's income-eligible children. New York State-funded prekindergarten programs operated in approximately 10 percent of the state's local school districts and en-

rolled 9,300 children aged 3 or 4 years in 1985-86, approximately 5 percent of the eligible population. There are other efforts underway, such as New York City's Take a Giant Step program, which are beginning to respond to some of the educational needs of preschool children.

Figure III **Major Public Programs & Funding Streams for Child Care**
in millions 1985



Source: New York State Commission on Child Care, 1986; New York State Department of Taxation and Finance, Office of Tax Policy Analysis, Tax Statistics Bureau, 1987

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HIGHLIGHTS

- *The overall health status of children in New York State is improving. The infectious diseases that killed children in the past have been nearly eliminated. Since deaths by natural causes have declined, injuries (motor vehicle and non-motor vehicle) have become the leading cause of morbidity and mortality for children and youth over the age of 1.*
- *In 1985, infant mortality in New York State was reduced to 10.7 deaths per 1,000 live births, almost half of the 1970 rate (19.5 deaths per 1,000 live births). The infant mortality rate in 1985 for white infants was 8.5 deaths per 1,000 live births compared with 13.9 deaths per 1,000 live births for nonwhite infants.*
- *In New York State, 12 percent of infant deaths in 1985 were due to complications associated with low birth weight (under 5.5 pounds). Nonwhite infants were twice as likely as white infants to be low weight.*
- *AIDS (Acquired Immune Deficiency Syndrome) is a contagious and currently incurable disease. Children primarily contract AIDS through their infected mothers before or during birth. In 1985, AIDS became the fifth leading cause of death for New York State children aged 1 through 4.*
- *Suicides among adolescents have become an increasingly serious public health problem. Since 1970, there has been a 21 percent increase in suicide among New York State adolescents aged 10 through 19 years. With 80 deaths in 1985, suicide was the third leading cause of death for youth aged 15 through 19.*
- *Adolescent pregnancy rates in New York State increased from 77.3 per 1,000 to 85.5 per 1,000 between 1975 and 1982. Although the rate has fluctuated slightly, the number of pregnancies have been declining since 1983. In 1985, there were 58,812 pregnancies among females aged 15 through 19 resulting in 25,973 births.*
- *Increasingly, pregnant adolescents in New York State have chosen to terminate their pregnancies rather than carry them to delivery. The number of live births among female adolescents decreased by 19 percent between 1975 and 1985. Half of all pregnancies among females under 20 resulted in live births in 1975 compared with 43 percent in 1985.*
- *Approximately one-fifth of children in New York State had no health insurance coverage in 1985. Children living in two-parent households were most likely to be covered, while children in single-parent households were most likely to be without health insurance coverage.*
- *In 1985, 65 percent of the births in New York State were to women who had received early prenatal care during the first trimester of pregnancy compared with 52 percent in 1970. Nonwhite infants were less likely to receive early prenatal care than infants born to women living in New York City.*

CHAPTER 5

The Health and Illness of Children

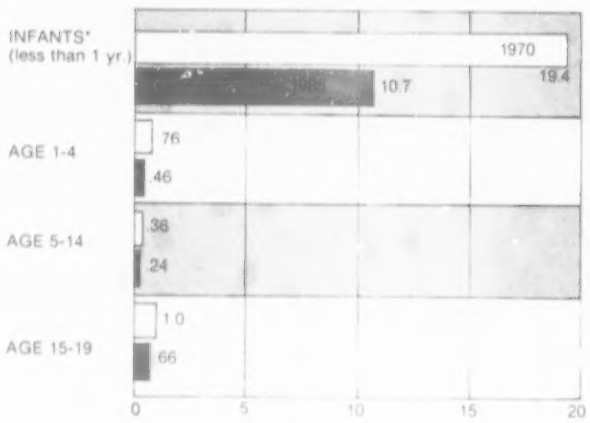
"Improving the health of today's children not only enhances the quality of their lives immediately, it also expands their potential for significant contributions to the nation as adults."

U.S. Department of Health and Human Services
1980

Both the present and future health of a society are reflected in the health of its children. Efforts to promote the well-being of children through such preventive means as immunization, prenatal care, and early childhood screening are sound economic and social investments. Health problems in childhood frequently lead to major disabilities in later life (U.S. Department of Health, Education, & Welfare [HEW], 1979). Furthermore, health practices adopted in childhood may influence a lifetime of behavior.

This chapter focuses on the health status of children in New York State. Mortality data will be presented in three sections depending on the age of the child: infant (age under 1 year), childhood (ages 1 through 14), and adolescence (ages 15 through 19). Data on chronically ill children, those with developmental disabilities or mental illness, will be presented in a section on children with special needs. The chapter will conclude with a section on social health issues of adolescence, health access, and a number of preventive health care topics.

Figure I **Juvenile Death Rates**



Source: Appendix Table

MORTALITY

The overall health status of children has continued to improve steadily. The infectious diseases that killed children in the past have nearly been eliminated due to widespread and low cost immunization, improved sanitary conditions, and medical treatments. Despite general improvements in children's health, disparities exist by racial group and income level in health status and access to care. As deaths by natural causes have declined, injuries (motor vehicle and non-motor vehicle) have become the leading cause of morbidity and mortality for children and adolescents above the age of 1.

Once a child reaches 1 year of age, the likelihood of death does not again approach that found during infancy until the age of 65 years. Once youth reach age 14, however, mortality rates begin to rise slowly. Data are presented in Figure I (and Appendix Table 5.1) on mortality rates by age group. For infants under 1 year of age, there was a dramatic decline in deaths between 1970 and 1985. Smaller differences between years were noted in mortality rates for children in other age groups.

Causes of mortality vary by age of the child or youth (see Appendix Table 5.2). Younger children are more likely to be killed or injured in or near their home. Older children spend more time away from home and are more likely to be hurt or killed in violent circumstances. Since there are differences in mortality due to age, mortality information will be presented in three sections.

Infancy

Infancy is the period from birth through 364 days. In 1985, the infant mortality rate in New York State was reduced to 10.7 deaths per 1,000 live births, slightly more than half of the 1970 rate (19.4 deaths per 1,000 live births) (New York State Department of Health [DOH], n.d.e).

Despite this progress, New York State's infant mortality rate has placed New York near the bottom when compared with other states in its infant death rate (Johnson, 1985). In addition, an infant's odds of surviving the first year of life varies dramatically according to race. This difference persisted despite the fact that nonwhites had a greater reduction in infant mortality rates than whites between 1970 and 1985 (Figure II). Statewide, in 1985, the infant mortality rate among white infants was 8.5 deaths per 1,000 live births compared with 13.9 deaths per 1,000 live births for

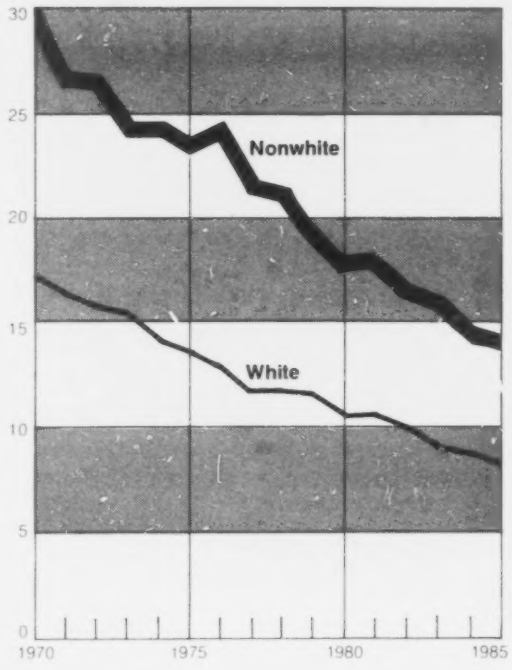
nonwhite infants.[1] In 1970, the white infant mortality rate was 17.1 deaths per 1,000 live births and the nonwhite rate was 29.6 deaths per 1,000 live births (see Appendix Table 5.3).

A number of risk factors (infant and maternal) have been linked with infant mortality — low birth weight, congenital defects, inadequate intrapartum and neonatal care, high birth order, and ethnicity. Some mothers are at higher risk of having infants die than others: those under 17 or over 35; those with previous fetal or infant loss; those in poor health prior to or during pregnancy; those receiving inadequate prenatal care, including inadequate prenatal nutrition; those who have low socioeconomic status and low educational attainment; and those who smoke or are involved with substance abuse (McCormick, 1985; Koontz, 1984).

Causes of infant mortality in both 1970 and 1985 are presented in Table 1. Of the 258,826 infants born in New York State in 1985, 2,773 died before their first birthday. The three leading causes of death for infants in 1985 were conditions of the perinatal period (29%), congenital anomalies (21%), and low birth weight (12%). In 1970, the three leading causes of death for infants were diseases of early infancy (59%), congenital anomalies (15%), and influenza and pneumonia (8%). By 1985, influenza and pneumonia were no longer among the top five causes of death for infants.

[1]The term nonwhite is used because of Department of Health racial classifications. All races other than white are collapsed into the nonwhite category. Hispanics may be included in either category.

Figure II **Infant Mortality Rates**
Deaths per thousand live births



Source: Appendix Table 5.3

TABLE 1
Selected Causes of Death for Infants Under 1 Year of Age By Race
New York State
1970, 1985

Cause	Total		White[a]		Nonwhite	
	Number	Percent	Number	Percent	Number	Percent
			1970			
Total	**6,173**	**100%**	**4,387**	**100%**	**1,786**	**100%**
Diseases of Early Infancy	3,669	59	2,569	58	1,100	61
Congenital Anomalies	955	15	801	18	154	9
Influenza & Pneumonia	470	8	276	6	194	11
Accident	98	2	75	2	23	1
Hernia & Intestinal Obstruction	58	1	44	1	14	1
Other Causes	923	15	622	15	301	17
			1985			
Total	**2,773**	**100%**	**1,858**	**100%**	**915**	**100%**
Other Conditions Originating in the Perinatal Period	791	29	518	28	273	30
Congenital Anomalies	578	21	450	24	128	14
Low Birth Weight	341	12	216	12	125	14
Respiratory Distress Syndrome	294	11	178	10	116	13
Sudden Infant Death Syndrome	284	10	172	9	112	12
Other Causes	485	17	324	17	161	17

[a]Includes infants whose race is recorded as not stated.
Source: New York State Department of Health, Bureau of Biostatistics, n d a, n d e

As can be seen in Appendix Table 5.4, infant mortality rates in 1985 were higher in New York City (12.8 deaths per 1,000 live births) than in the rest of the state (9.1 deaths per 1,000 live births). The higher New York City rates reflect the higher percentage of nonwhite births and the higher mortality rates of nonwhite infants (DOH, n.d.e).

Low Birth Weight Declines in infant mortality can be linked to decreases in the incidence of low birth weight infants (McCormick, 1985). While survival rates of low birth weight infants have improved greatly due to the care provided in neonatal intensive care facilities, 12 percent of infant deaths under 1 year of age in 1985 were due to low birth weight (DOH, n.d.e).

Infants weighing less than 2,500 grams (5.5 pounds) at birth are considered to be of low birth weight. Data are presented in Table 2 on low birth weight infants for 1970 and 1985. Seven percent (18,088) of the state's infants born in 1985 were classified as low weight or small for term. Nonwhite infants were twice as likely as white infants to be low weight.

For the low birth weight infants who survive their first year of life, chances for normal health and development are seriously compromised. Low birth weight is highly correlated with later developmental problems such as mental retardation, cerebral palsy, and epilepsy. Other handicaps related to low birth weight are vision and hearing defects, delayed speech, and chronic lung problems. Maternal factors asscciated with increased risk of low birth weight infants are age (17 and under, 35 and over), low socioeconomic and educational status, and inadequate prenatal care. Minority status is correlated with low birth weight even when all other factors are equal (Miller, 1986).

Childhood (Ages 1 through 14)

The leading causes of death for children in the 1 through 14 age group for 1970 and 1985 are presented in Table 3. In 1985, 986 children died in New York State compared with 2,131 child deaths in 1970. Although the death rate for children has continued to decline, the three leading causes of death have remained the same from 1970 to 1985.

In 1985, accidents accounted for 31 percent of the deaths compared with 35 percent in 1970. Children in this age group were equally likely to be killed in motor vehicle accidents (e.g., as a passenger, pedestrian, or cyclist [50%]) as in non-motor vehicle accidents (e.g., falls, fires, and drowning [50%]). Although little data are available on non-fatal accidents, injuries that do not result in death are responsible for emergency room visits, pediatric hospitalizations, and days lost from school.

The second leading cause of death for this age group was malignant neoplasms (cancer). In 1985, malignant neoplasms were responsible for 12 percent of deaths compared with 15 percent in 1970. Common types of childhood cancers are leukemia, lymphomas, and osteosarcoma (bone).

Despite advances in medical technology, there was a small increase in the proportion of deaths due to congenital anomalies — 10 percent in 1985 from 8 percent in 1970. Homicide (6%) replaced pneumonia and influenza (7%) as the fourth leading cause of death in 1985. Box A discusses AIDS, a sexually transmitted disease that affects children of all ages.

Adolescence (Ages 15 through 19)

Youth in this age group are largely past the age of death due to congenital defects and the life threatening illnesses of infancy. Additionally, they have not yet reached adulthood and the degenerative diseases associated with old age. Youth in this age group are not seen regularly by health care professionals. However, the need to modify unhealthy behaviors (e.g., smoking, poor nutrition, and substance abuse) is important throughout the teenage years (Resnick, 1982).

TABLE 2

Low Birth Weight Infants[a] By Race
New York State, New York City, Rest of the State
1970, 1985

Race	New York State		New York City		Rest of the State	
	Number	Rate[b]	Number	Rate[b]	Number	Rate[b]
			1970			
Total	**27,509**	**8.7**	**14,261**	**9.9**	**13,248**	**7.7**
White	19,075	7.4	7,877	8.0	11,198	7.1
Nonwhite	8,434	14.0	6,384	14.1	2,050	13.9
			1985			
Total	**18,088**	**7.0**	**9,689**	**8.5**	**8,399**	**5.8**
White	10,595	5.6	4,061	6.4	6,534	5.1
Nonwhite	7,304	11.1	5,532	11.2	1,772	10.9

[a]Infants weighing less than 2,501 grams at birth in 1970; less than 2,500 grams in 1985.

[b]Rate per 100 live births for which birth weight is stated.

Source: New York State Department of Health, Bureau of Biostatistics, n.d.a, n.d.e.

TABLE 3
Deaths From Five Leading Causes
For Ages 1 Through 14
New York State
1970, 1985

Cause	Number	Percent	Cause	Number	Percent
	1970			1985	
Total	**2,131**	**100%**	**Total**	**986**	**100%**
Accident	738	35	Total	305	31
Malignant Neoplasm	322	15	Malignant Neoplasm	124	12
Congenital Anomalies	177	8	Congenital Anomalies	101	10
Pneumonia and Influenza	145	7	Homicide	65	6
Heart Diseases	40	2	Heart Diseases	40	2
Other Causes	709	33	Other Causes	363	37

Source: New York State Department of Health, Bureau of Biostatistics, 1970, 1985

BOX A
AIDS

Since first recognized in 1981, the number of Acquired Immune Deficiency Syndrome (AIDS) cases has been increasing steadily. A contagious, and currently incurable disease, the AIDS virus is spread frequently through transmission of bodily fluids (i.e., blood-to-blood or semen-to-blood contact). Sexual contact with an infected person or shared intravenous drug paraphernalia are leading means of disease transmission among adults. Children contract AIDS primarily through their infected mothers before or during birth. A smaller number of children (and adults) may have contracted AIDS through blood transfusions prior to nationwide screening for AIDS in the donated blood supply.

As of June 1987, there were a total of 511 children through age 13 diagnosed with AIDS in the United States (U.S. Department of Health and Human Services, 1987b). Approximately 37 percent of these children lived in New York with the largest number residing in New York City (93% in 1985) (U.S. Department of Health and Human Services, 1987a). Fifty-four percent of pediatric AIDS cases were black, 25 percent Hispanic, and 20 percent were white. Approximately 30 adolescents have been diagnosed with AIDS in New York City (New York City Department of Health, 1987a). This figure can be expected to increase rapidly due to drug use and increasing sexual activity among adolescents.

Data are shown in Table 4 on the number of pediatric AIDS cases reported in New York City since 1983. The number of pediatric AIDS cases increased 655 percent from 22 in 1983 to 166 in 1986. These figures do not include an unknown number of children with AIDS-Related Complex (ARC). ARC is a less severe form of AIDS. Although ARC patients have symptoms related to the AIDS virus, none of the opportunistic diseases of AIDS are present. Pediatricians estimate that there are 3 to 5 children with ARC for every child diagnosed with AIDS (DOH, 1987b).

AIDS is a fatal disease. Approximately 70 percent of infected individuals die within two years of diagnosis (DOH, 1986a). In 1985, AIDS became the fifth leading cause of death for children aged 1 through 4 with 22 deaths

TABLE 4
Number of Pediatric AIDS Cases
Aged Birth Through 13
Reported in New York City
1983 Through 1986

Year	Number of Cases
1983	22
1984	47
1985	103
1986	166

Source: New York City Department of Health, AIDS Epidemiology and Surveillance Unit, 1987a

TABLE 5
Deaths From Five Leading Causes
For Ages 15 Through 19
New York State
1970, 1985

Cause	Number	Percent	Cause	Number	Percent
	1970			1985	
Total	1,558	100%	**Total**	920	100%
Accident	600	39	Total	350	38
Malignant Neoplasm	133	9	Homicide	180	20
Homicide	122	8	Suicide	80	9
Suicide	65	4	Malignant Neoplasm	65	7
Pneumonia and Influenza	38	2	Heart Diseases	31	3
Other Causes	600	39	Other Causes	214	23

Source: New York State Department of Health, Bureau of Biostatistics, 1970, 1985

BOX B
Suicide

Suicides among adolescents have become an increasingly serious public health problem both nationally and in New York State. In 1985, suicide was the third leading cause of death among youth aged 15 through 19. Since 1970, there has been a 21 percent increase in suicides among adolescents aged 10 through 19 years. Table 6 shows the number of suicides for youth in New York State.

Professionals in the field of adolescent suicide indicate that an unknown number of accidental deaths (e.g., drug overdose, or single occupant automobile accidents) may be disguised suicides (Smith, 1980). Thus, the true number of suicides may be underreported. Reasons for underreporting include difficulty in determining the intent of the victim or concern for the social and emotional consequences for the family. Studies indicate that female adolescents attempt suicide more often than males, but that male adolescents are more successful (Rosenblatt, 1981; Pheffer, 1986). In 1985, more than three-quarters (78%) of adolescent suicide victims in New York were male. Survivors of suicide attempts risk severe and often long-term disabilities such as spinal cord injury, nerve, or brain damage.

TABLE 6
Adolescent Suicide
10- Through 19-Year-Olds
New York State, New York City, Rest of the State
Selected Years 1970 Through 1985

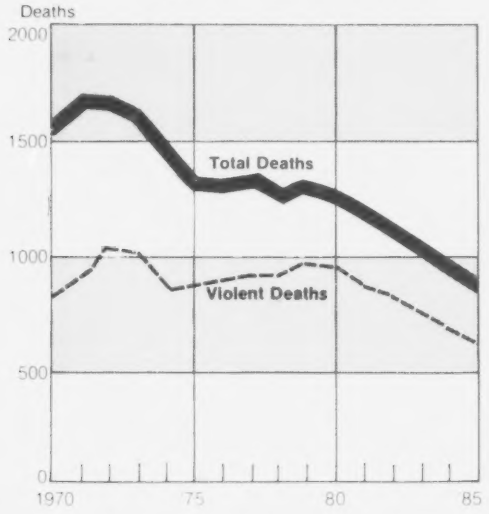
	New York State		New York City		Rest of the State	
Year	Number	Percent of all Suicide Deaths	Number	Percent of all Suicide Deaths	Number	Percent of all Suicide Deaths
1970	78	5%	24	5%	54	5%
1975	85	6	13	3	72	7
1980	109	7	33	5	76	8
1985	93	6	15	3	78	8

Source: New York State Department of Health, Bureau of Biostatistics, 1970, 1985

Teenagers are particularly at risk of death due to violent causes. Data are presented in Table 5 on leading causes of death for adolescents aged 15 through 19. A total of 920 youth in this age group died in 1985. Accidents were the leading cause of death, with motor vehicle accidents claiming 28 percent of these lives and non-motor vehicle causes claiming 10 percent of these lives.

Deaths due to homicide were the second leading cause of death for this age group. Homicides had replaced malignant neoplasms as the second cause of

Figure III **Deaths from Violent Causes**
Ages 15-19



Source: Appendix Table 5.5

death between 1970 and 1985. In 1985, homicides were responsible for 180 (20%) adolescent deaths. Homicides were the leading cause of death for non-white youth (New York State Division of Criminal Justice Services [DCJS], 1985). Figure III (and Appendix Table 5.5) presents data on violent adolescent deaths. Two-thirds (66%) of adolescent deaths in 1985 were due to accidents, homicides, or suicides. This was an increase from 1970, when accidents, homicides, and suicides were responsible for 51 percent of deaths to teenagers. Adolescent suicides, which have increased since 1970, are discussed in Box B.

CHILDREN WITH SPECIAL NEEDS

Although some causes of morbidity and mortality are related to a particular age group, others cut across all age lines and are likely to affect not only the child, but also the family. While medical advances have had major beneficial effects on children's health, conditions such as chronic impairments, developmental disabilities, and mental illness require different resources for the special needs of these children. The consequences for children with special needs are long-lasting and may contribute to general health problems, interfere with the ability to learn, or interfere with normal social development. One particular group of children with special needs are those aged birth to 5. Box C presents some of the programs available for very young children with handicapping conditions.

Chronic Impairments

One result of advances in medical technology has been an increase in the number of infants who survive the first year of life, yet may have disabilities which, previously would have resulted in their death. This technology is also responsible for maintaining the lives of children via intensive medical support or mechanical methods. These children and others are categorized

BOX C
Services for Children Birth to 5 With Handicapping Conditions

Historically, local education agencies in New York State have not been mandated to serve children with handicapping conditions under age 5. However, a variety of programs have provided these children with special education and habilitative services. The major funding source for such services has been through the Family Court Order program established in 1976.*

In addition to the Family Court Order program, the Office of Mental Retardation and Developmental Disabilities [OMRDD] has also served a large number of children birth to 5, primarily through local assistance day programs. However, since OMRDD has focused its orientation on adult services, programming for children has not been a major emphasis.

More recently, the New York State Department of Health has developed the Infant Health Assessment program to improve the identification, referral to care, and follow-up for infants and young children at high risk of developmental disabilities. Another program, the Pediatric Resource Centers, provides comprehensive preventive and primary health care and referrals for specialty care, counseling, ancillary, and supportive services in New York City only. These services are designed to service children birth to 18 years old who are at risk, both physically and socially, for poor outcomes.

The New York State Education Department (SED), in addition to approving funding for the Family Court Order Program, assists parents and professionals in matching the needs of handicapped children below age 5 to services in their region via the Early Childhood Direction Centers.

In 1987, New York State will begin participating in the new federal programs offered under the Education for the Handicapped Amendments of 1986 (PL 99-457). Title I of this Act will require the state to plan a comprehensive, coordinated system of early intervention services for the birth through 2-year-old population. Title II will require the state to provide a free and appropriate public education to handicapped children ages 3 to 5 years by 1990.

* Section 236 of the Family Court Act requires a court proceeding and court order for the provision of these services.

as chronically impaired with disabilities or illnesses that include: renal failure, neurological impairments, physical and sensory handicaps, juvenile onset diabetes, AIDS, severe asthma, spina bifida, hemophilia, sickle cell anemia, cystic fibrosis, muscular dystrophy, and cancer. A small number of these children are classified as multiply handicapped. Based on 1985 census data, the New York State Department of Health estimates that 10 to 15 percent of the children's population (520,100 to 780,150) may have a chronic illness, with 1 to 2 percent of children (52,010 to 104,020) being severely chronically ill.

Developmental Disability

New York State law (Chapter 978) defines a developmental disability as a condition due to mental retardation, cerebral palsy, epilepsy, neurological impairment, or autism which develops prior to age 18, is likely to continue indefinitely, and has a pervasive effect on the individual's functional abilities. Not everyone who has one of these five disorders is in fact disabled. An individual may have one of these disorders, but not have severe and pervasive functional deficits. A severe functional deficit is defined by the Office of Mental Retardation and Developmental Disabilities [OMRDD] as substantial functional limitations in three or more of the following areas of major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency. In 1985, OMRDD estimated the number of children and youth in New York State under age 20 with substantial functional impairment at 32,395 (OMRDD, 1987).

The state agency which has primary responsibility for the coordination of services to individuals with developmental disabilities is the Office of Mental Retardation and Developmental Disabilities. During the past two decades, this agency has placed increasing emphasis on non-residential and family support services. Such services for children and youth include: home care, crisis intervention, and respite care for families. Data are presented in Table 7 on the characteristics of a sample of children (9,840) receiving non-residential services in 1985.

In addition to non-residential care, in 1985, 2,898 children and youth were served in OMRDD residential facilities. Between 1978 and 1985 there was a 50 percent decrease in the number of children served by OMRDD residential programs. For a discussion of the residential OMRDD system, see *Chapter 9: Children in Out-of-Home Care.*

TABLE 7
Characteristics of Children Served In Day Program Settings New York State 1985

Characteristic	Children's Programs	
	Preschool	School
Age		
Birth - 4	80%	0%
5 - 21	20	100
Disabilities		
Autism	4	8
Cerebral Palsy	27	16
Epilepsy	16	18
Mental Retardation	62	83
Neurological Impairment	32	22
Physical Disability	66	54
Psychiatric Condition	6	17
Intellectual Level		
Normal	36	19
Mild Mental Retardation	26	20
Moderate Mental Retardation	17	24
Severe Mental Retardation	11	18
Profound Mental Retardation	10	20
In Out-of-Home Care	7	28
Number of Persons Surveyed	**2,993**	**6,847**

Source: New York State Office of Mental Retardation and Developmental Disabilities, 1987

Mental Illness

The mental health status of children and youth is a difficult topic to address, in part because mental health status falls along a continuum. This continuum ranges from stable emotional well-being (mental health) to incapacitating emotional problems (mental illness). Problems may be episodic, related to specific causes, or long-term. They may be mild or they may be severe, responsive to pharmaceutical intervention or not.

According to the New York State Office of Mental Health [OMH] (1984), 12 percent of the child and adolescent population in New York State were in need of some form of mental health services. Prevalence rates of mental illness in the general population of children show 0.3 percent with psychosis other than childhood schizophrenia, 3 percent with affective or anxiety disorders, 4 percent with conduct disorders, 1 percent with mental illness in addition to another handicapping condition, and 4 percent with other types of mental illness. An additional 10 to 15 percent of children under age 15 were considered to be at risk of developing mental health problems.

Statewide, less than 2 percent of the children under age 18 received mental health services from the state-operated or funded mental health system. The discrepancy between the 12 percent estimate of need and the less than 2 percent served includes factors such as: mentally ill children being served by other systems, and lack of knowledge of or access to mental health services. Non-residential mental health services for children are provided through day treatment programs, vocational day services, therapeutic preschool programs, in-home crisis intervention services, clinic treatment, and family support services. During fiscal year 1983-84, 5,519 children and youth were served by state-operated programs (OMH, 1984). In addition to children and youth served in the OMH non-residential setting, 1,820 were served in residential programs in 1985. This was a 12 percent increase from 1978

when 1,624 children and youth were served. For an additional discussion on mentally ill children, see *Chapter 9: Children in Out-of-Home Care.*

SOCIAL HEALTH ISSUES

Adolescence is viewed as a period of experimentation as teens go through the transition to adulthood. In an attempt to struggle for independence, teens typically try out behaviors that may have unfortunate consequences. Teen lifestyles put them in situations in which their lack of decision-making skills places them at risk of death or disability (Christoffel, 1984). In addition, problems such as sexually transmitted diseases, pregnancy, and alcohol and substance abuse may affect the physical and emotional health of adolescents.

Sexually Transmitted Disease

One serious health problem of increasing magnitude among sexually active adolescents is a group of illnesses identified as sexually transmitted diseases (STDs). The reporting of some diseases is required by physicians. Of the STDs for which reporting is mandatory, gonorrhea and syphilis are the most frequently occurring. The increasing level of sexual activity among adolescents is responsible for a large portion of the increase in STD reports nationwide (Cates & Rauh, 1985; O'Reilly & Aral, 1985). In 1985, a total of 13,570 cases of gonorrhea and syphilis were reported among youth aged 19 and younger in New York State (DOH, 1986b).

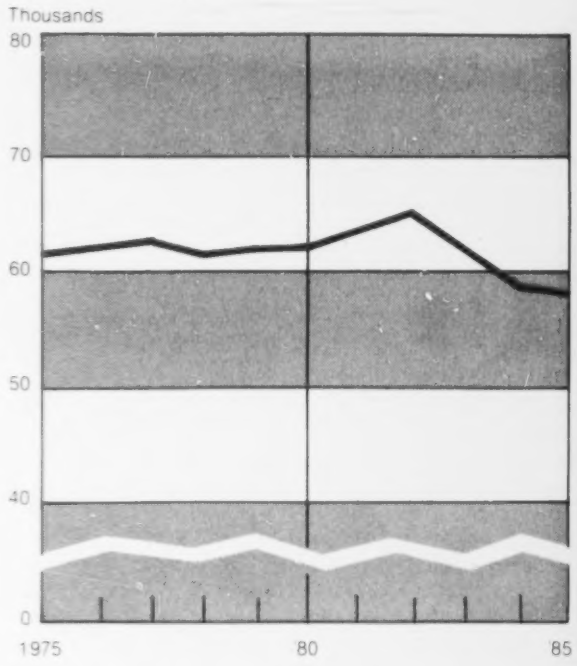
In addition to gonorrhea and syphilis, there are other STDs such as chlamydia, genital herpes, and acquired immune deficiency syndrome (AIDS) which are increasing rapidly among all population groups. Genital herpes and AIDS are currently incurable and their control is difficult because their reporting is not mandated under state law. Chlamydia is the most commonly occurring STD, ten times more widespread than herpes and two times more widespread than gonorrhea (Chase, 1983).

The consequences of sexually transmitted diseases can be immediate and severe. Untreated, the consequences range from infecting sexual partners to death for the carrier. Pregnant females risk infecting their unborn fetuses and carriers risk transmitting the disease.

Adolescent Pregnancy

Data on the number and rate of adolescent pregnancies from 1975 to 1985 are presented in Figure IV (and Appendix Table 5.6). The number of adolescent pregnancies in New York State increased steadily between 1975 and 1982. During these years, the number of pregnancies among females aged 10 through 19 increased by 4 percent, from 63,557 in 1975 to 66,399 in 1982. Similarly, adolescent pregnancy rates (the number of pregnancies among females aged 15 through 19 per 1,000 to females in the total population aged 15 through 19) rose from 77.3 per 1,000 in 1975 to 85.5 per 1,000 in 1982 (DOH, n.d.d). New York City led the state in both the number and rates of adolescent

Figure IV **Adolescent Pregnancies**
Ages 15-19



Source: Appendix Table 5.6

pregnancies and in the percentage increase in these figures over the decade.

Beginning in 1983, the upward trend in adolescent pregnancies reversed. The number of pregnancies among females aged 10 through 19 declined by 4 percent between 1983 and 1985 (from 63,190 to 60,557). After the decline between 1982 and 1983, pregnancy rates increased slightly from 83.3 per 1,000 aged 15 through 19 in 1983 to 84.3 per 1,000 in 1985. All of this increase occurred in counties outside of New York City. Among adolescent females in New York City, the rate of pregnancies declined during this period.

In 1980, the only year for which rates by race can be computed, nonwhite adolescent pregnancy rates in New York State were two and one-half times the level of white rates (150 pregnancies per 1,000 nonwhite females aged 15 through 19 compared with 60 pregnancies per 1,000 white females aged 15 through 19). While nonwhite rates were higher, there were more white pregnancies than nonwhite. In 1985, 35,871 white females between 10 and 19 years of age became pregnant compared with 23,708 nonwhite females in this age group (DOH, n.d.e; U.S. Department of Commerce, Bureau of the Census [Census Bureau], 1982).

Pregnancy outcome data presented in Table 8 and Figure V indicate that in 1985, New York State adolescents had 25,973 live births, 33,355 induced abortions, and 1,229 spontaneous fetal deaths. The number of live births among females aged 10 through 19 de-

creased by 19 percent between 1975 and 1985 from 31,987 to 25,973. This decline is partly due to a decline in the number of adolescent females who became pregnant and partly due to an increased tendency for adolescents to terminate their pregnancies rather than carry to term. In 1985, pregnant females aged 18 and 19 were more likely to give birth (45%) than those aged 15 through 17 (40%) or those under 15 (29%).

Increasingly, pregnant adolescents have chosen to terminate their pregnancies rather than carry them to delivery. The distribution of pregnancy outcomes (43% births and 55% abortions) remained stable between 1983 and 1985, although this was nearly a reverse of the pregnancy outcomes ten years earlier. In 1975, half the pregnancies resulted in births and 47 percent resulted in abortions.

Adolescent parenthood is associated with a number of serious health, educational, and economic consequences. Complications reported most frequently for teenagers include; toxemia, anemia, urinary tract infections, prolonged labor, and a pelvis too small for the delivery of the fetus (Carey, et al., 1983). Infants born to teenaged mothers are also at risk of numerous developmental problems related to the mother's age, nutrition, birth weight of infant, and receipt of prenatal care (McCormick, 1985). Teen parents often complete fewer years of education than their nonparent peers. This lack of education negatively influences the ability of adolescent parents to provide for their families without dependence on public assistance.

Data are presented in Table 9 on low birth weight infants born to mothers under 20 years of age. In 1985, 10 percent (2,525) of infants born to teenaged mothers were low birth weight. The rate of low weight births decreased from 12.6 births per 100 live births to 9.7 births per 100 live births in 1985.

Adequate prenatal care can reduce many of the health problems associated with teen motherhood. Unfortunately, teenage mothers receive less prenatal care than mothers in other age groups. In 1985, 41 percent of teen mothers began prenatal care in the first trimester compared with 71 percent of mothers in the 20 to 34 age group. Twenty percent of teen mothers had late (third trimester) or no prenatal care compared with 9 percent of mothers aged 20 to 34. Significant differences exist in receipt of prenatal care between white and nonwhite teenaged mothers. More than a quarter of nonwhite teenaged mothers (27%) received late or no prenatal care compared with 19 percent of white teenaged mothers.

TABLE 8

Adolescent Pregnancies and Outcomes
New York State
1975, 1980, 1985

	Pregnancies		Births		Induced Abortions		Spontaneous Fetal Deaths	
Age	**Number**	**Rate[a]**	**Number**	**Rate[a]**	**Number**	**Rate[a]**	**Number**	**Rate[a]**
				1975				
10 - 14	1,952	2.6	634	0.8	1,270	1.7	48	0.1
15 - 17	23,266	48.7	11,498	24.1	11,182	23.4	586	1.2
18 - 19	38,339	120.3	19,855	62.3	17,514	54.9	970	3.0
Total 15 - 19	**61,605**	**77.3**	**31,353**	**39.4**	**28,696**	**36.0**	**1,556**	**2.0**
				1980				
10 - 14	1,756	2.5	511	0.7	1,201	1.7	44	0.1
15 - 17	23,504	49.7	9,968	21.1	13,026	27.5	510	1.1
18 - 19	38,576	119.8	17,731	55.1	19,910	61.8	935	2.9
Total 15 - 19	**62,080**	**78.1**	**27,699**	**34.8**	**32,936**	**41.4**	**1,445**	**1.8**
				1985				
10 - 14	1,745	2.5	503	0.7	1,215	1.8	27	0.0[b]
15 - 17	22,572	55.6	9,008	22.2	13,121	32.3	443	1.1
18 - 19	36,240	124.1	16,462	56.4	19,019	65.1	759	2.6
Total 15 - 19	**58,812**	**84.3**	**25,470**	**36.5**	**32,140**	**46.0**	**1,202**	**1.7**

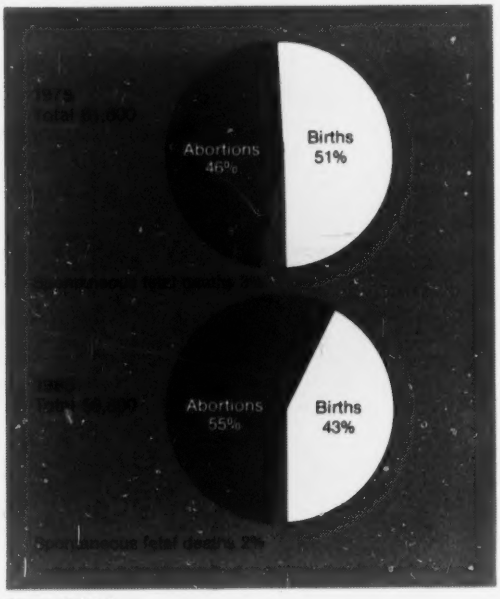
[a]Rate per 1,000 females in the given age group.

[b]Rate less than .05.

Note: The rates in this table are calculated using the most recent population projections issued by the Department of Commerce, and as a result, they differ slightly from those published by the Department of Health.

Source: New York State Department of Health, Bureau of Biostatistics, n.d.b, n.d.c, n.d.e.

Figure V **Outcome of Adolescent Pregnancies**



Source: Table 8.

Substance Use

The consequences of alcohol and drug use are severe for youth, their families, and for society at large. In addition to the health hazards of alcohol and drugs to youth users, evidence suggests that early usage predicts continued use or abuse into adulthood (HEW, 1979). A 1983 study surveyed New York State students in grades 7 through 12 on their use of illegal or prescription drugs and alcohol (New York State Division of Substance Abuse Services [DSAS], 1984; New York State Research Institute on Alcoholism, 1984). Findings specific to alcohol abuse or drug use will be presented separately. Nonetheless, there is a strong link between the use of alcohol and drugs by New York's youth (DSAS, 1985.)

Alcohol Abuse Nearly three-quarters (71%) of the surveyed students reported drinking at least infrequently, with 13 percent classified as heavy drinkers (New York State Research Institute on Alcoholism, 1984). Both the number of youth and the amount they reported drinking increased with age and grade level. Sixty percent of youth age 12 and under were abstainers compared with 12 percent of youth in the 18 and older category. Three percent of seventh graders reported heavy drinking compared with 26 percent of twelfth graders.

Data are presented in Table 10 on the characteristics of the surveyed students. A greater proportion of males (74%) drank than females (68%), and males (18%) were more than twice as likely as females (8%) to be heavy drinkers. Seventy-six percent of white students compared with 63 percent of Hispanics, 60 percent of blacks, and 55 percent of other racial/ethnic groups reported at least infrequent drinking. A greater proportion of white students (16%) than other students were classified as heavy drinkers.

TABLE 9

Number and Rate of Low Birth Weight Infants[a] Born to Mothers Under 20 By Race New York State, New York City, Rest of the State 1970, 1985

Race	New York State		New York City		Rest of the State	
	Number	Rate[b]	Number	Rate[b]	Number	Rate[b]
			1970			
Total[c]	**5,131**	**12.6**	**2,891**	**14.4**	**2,240**	**10.9**
White	2,800	10.4	1,191	11.6	1,609	9.6
Nonwhite	2,331	17.0	1,700	17.3	631	16.0
			1985			
Total[c]	**2,525**	**9.7**	**1,480**	**11.2**	**1,045**	**8.2**
White	1,199	7.9	528	9.0	671	7.2
Nonwhite	1,309	12.5	942	13.1	367	11.1

[a]Infants weighing less than 2,501 grams at birth in 1970; less than 2,500 grams in 1985.

[b]Rate per 100 live births.

[c]Includes cases where race of infant was not stated.

Source: New York State Department of Health, Bureau of Biostatistics, n.d.a, n.d.e.

TABLE 10
Drinking Classification for Secondary School Students[a] By Race/Ethnicity[b] and Sex New York State 1984

Drinking Classification[c]	Total	Race/Ethnicity				Gender	
		White (N=1,125,000)	Black (N=216,000)	Hispanic (N=139,000)	Other (N=62,000)	Males (N=771,000)	Females (N=771,000)
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Abstainers	29	24	40	37	45	26	32
Infrequent	14	13	21	15	14	13	15
Light	16	16	14	18	14	15	17
Moderate	14	15	11	11	9	14	14
Moderate/Heavy	14	16	9	11	8	14	14
Heavy	13	16	5	8	10	18	8

[a]Based on a sample size of 1,542,000 secondary school students enrolled in New York State public and private schools during 1982 and 1983.

[b]The ethnic distribution for the sample was 73 percent white, 14 percent black, 9 percent Hispanic, and 4 percent other.

[c]Appendix Table 5.7.

Source: New York State Research Institute on Alcoholism, 1984.

Another study by the New York State Division of Alcoholism and Alcohol Abuse (DAAA) indicates that changes in New York's minimum alcohol purchase age in both 1982 and 1985 resulted in major declines in alcohol purchases and consumption by youth aged 16 through 20 (DAAA, 1987). In 1986, a year after the minimum purchase age was raised to 21, there was a 56 percent decrease from the previous year in the purchase of alcoholic beverages in the 28 days prior to the survey. Although the greatest declines were among those who had previously been legal drinkers (ages 19 and 20), the declines for younger purchasers (aged 16 through 18) were 27, 45, and 51 percent, respectively. As indicated in Table 11, reports of consumption, intoxication, and driving after drinking all dropped at least 20 percent with the change in the purchase age.

Illegal Drug Use Data are presented in Table 12 on the frequency of illicit substance use. Marijuana and stimulants (e.g., amphetamines and prescription diet pills) were the two most commonly used substances for students in grades 7 through 12. Marijuana had been used by 24 percent of the students during the month previous to the survey and 8 percent reported use of the drug on ten or more occasions during the month preceding the study. Eleven percent of students reported using stimulants in the month preceding the survey.

Trends in substance use among students are available from a similar survey conducted in 1978 (DSAS, 1978). Although the number of youth reporting ever having used marijuana declined from 54 percent to 46 percent between 1978 and 1983 there was increased use of stimulants, cocaine, and inhalants. Usage of other drugs (i.e., heroin, hallucinogens [other than PCP], cough medicine, and tranquilizers) remained unchanged.

As indicated in Table 13, 60 percent of all students reported having tried an illicit substance or misused a prescription drug at least once. In general, both the initial use and frequency of use of illicit substances increased with the grade level (DSAS, 1984). By grades 11 and 12, 72 percent of students reported at least one use of an illicit substance. Although increases in the levels of infrequent, regular, and substantial use are noted as grade level rises, the category of extensive use remains fairly constant at each grade.

Polydrug use (combinational use of alcohol and substances at the same time) dramatically increases the physical hazards associated with either excessive alcohol or drug use (HEW, 1979). Of the students asked about polydrug use in the six months prior to

TABLE 11
Change in Alcohol-Related Behavior For Youth Aged 16 Through 20 New York State 1985, 1986

Self-Reported Behavior	1985	1986	% Change 1985 - 1986
Purchased any alcohol in past 28 days	32%	14%	-56%
Drank at least once in past 28 days	58	46	-20
Drank five drinks on at least one occasion	24	16	-33
Driving after drinking	15	12	-21

Source: New York State Division of Alcoholism and Alcohol Abuse, 1987.

TABLE 12
Frequency of Current Substance Use Among Students
(1,542,000 Students Enrolled in Grades 7 - 12)
New York State
Spring 1983

Type of Substance	Used In Past 30 Days		Used Once		Used 2 to 3 Times		Used 4 to 9 Times		Used 10 or More Times	
	N	%	N	%	N	%	N	%	N	%
Marijuana	362,000	24	79,000	5	86,000	6	75,000	5	122,000	8
Cocaine	87,000	6	38,000	2	24,000	2	11,000	1	14,000	1
PCP (Angel Dust)	26,000	2	10,000	1	5,000	0[b]	3,000	0[b]	8,000	1
Other Hallucinogens	51,000	3	26,000	2	12,000	1	5,000	0[b]	8,000	0[b]
Amyl/Butyl Nitrite	45,000	3	20,000	1	10,000	1	6,000	0[b]	9,000	1
Other Inhalants	101,000	7	47,000	3	26,000	2	12,000	1	16,000	1
Heroin	19,000	1	6,000	0[b]	3,000	0[b]	2,000	0[b]	8,000	1
Methadone (Illicit)	17,000	1	7,000	0[b]	3,000	0[b]	1,000	0[b]	6,000	0[b]
Tranquilizers[a]	58,000	4	25,000	2	13,000	1	9,000	0[b]	11,000	1
Methaqualone[a]	41,000	3	16,000	1	10,000	1	5,000	0[b]	10,000	1
Other Sedatives[a]	57,000	4	26,000	2	14,000	1	7,000	0[b]	10,000	1
Stimulants[a]	161,000	11	48,000	3	42,000	3	31,000	2	40,000	3
Analgesics[a]	88,000	6	39,000	2	26,000	2	12,000	1	11,000	1
Cough Medicine[a]	60,000	4	25,000	2	17,000	1	7,000	0[b]	11,000	1
Look-Alikes	57,000	4	20,000	1	16,000	1	8,000	1	13,000	1

[a]Refers only to the nonmedical use of prescription drugs, defined as use on your own, without a doctor telling you to
[b]Less than 0.5 percent
Source: New York State Division of Substance Abuse Services, 1984

the survey, 25 percent reported mixing marijuana with alcohol, 6 percent reported mixing marijuana with cocaine, and 11 percent of students reported other alcohol/drug or drug/drug combinations (DSAS, 1984).

Crack is a smokable form of cocaine that is highly addictive and initially inexpensive to use. Since mid-1985, an increasing number of teens have used crack. Few statistics are currently available on the use of crack, although data on admissions to drug treatment facilities and crime statistics indicate a serious problem.

HEALTH PROMOTION AND ACCESS

As described earlier in this chapter, many of the leading causes of death are now related to lifestyle and behavior rather than disease. Thus, health promotion activities that focus on self-care and behavior modification have become more important.

Unfortunately, little data are currently available on the use of prevention services and health promotion

TABLE 13
Level of Substance Use Among Students
By Grade
New York State
1983

Level of Substance Use[a]	Total		Grades					
			7 through 8		9 through 10		11 through 12	
	Number	%	Number	%	Number	%	Number	%
Total	**1,542,000**	**100%**	**527,000**	**100%**	**546,000**	**100%**	**469,000**	**100%**
No Use	618,000	40	291,000	55	198,000	36	129,000	28
Prior Use	228,000	15	69,000	13	82,000	15	77,000	16
Infrequent Use	356,000	23	100,000	19	130,000	24	126,000	27
Regular Use	183,000	12	33,000	6	73,000	13	77,000	16
Substantial Use	127,000	8	25,000	5	49,000	9	53,000	11
Extensive Use	30,000	2	9,000	2	14,000	3	7,000	2

[a]Appendix Table 5.8.
Source: New York State Division of Substance Abuse Services, 1984

activities. Nonetheless, the growing recognition of their importance makes it necessary to include them here. The long-term health status of New York's children is influenced by preventive services such as nutrition and lead poisoning. Despite improvements, access to services is still limited by the availability of services and by lack of insurance coverage. Furthermore, the lack of insurance coverage may affect the ability to obtain services, especially those viewed as preventive. Thus, this section addresses health insurance, as well as the various topics related to prevention and health promotion.

Prevention and Health Promotion

Nutrition Good nutrition is fundamental to good health. A diet balanced in necessary nutrients and sufficient calories is beneficial from before the period of conception until death. After birth, the rapid growth and development of infants necessitates the consumption of sufficient quantities of all minerals and vitamins. Nutritional needs throughout childhood and adolescence remain high, although the eating habits and general nutritional status of adolescents is poor (Alton, 1982). An inadequate diet at any stage of life increases the likelihood of infection and disease.

Malnutrition is a common nutritional and health problem with two major forms — poverty related (primarily undernutrition) and affluence-related (overnutrition/obesity) (Dwyer, 1984). Undernutrition is linked with diets poor in nutrients and periods of not enough food. Results of undernutrition are apparent in infant mortality rates, low birth weights, and the incidence of iron deficiency anemia. Overnutrition, in its common form of obesity, is a consequence of consuming more food than the body uses for basic needs. Numerous health problems are associated with obesity.

National data indicate that obesity among children, as measured by skinfolds, rose by 54 percent between 1963 and 1980 for children aged 6 through 11 and by 39 percent for youth aged 12 through 17 (Gortmaker & Dietz, 1987).

Lead Poisoning Although health professionals have stated that undue exposure to lead is a nationwide public health problem, little data are available on the extent of lead poisoning in the population as a whole. Most states, including New York, provide funds for lead screening in communities identified as being high risk areas. Overexposure to lead, particularly in children, has been linked to learning disabilities, delayed development, and motor and behavioral disabilities (U.S. Department of Health and Human Services, 1981).

Infants and very young children are at the greatest risk of severe lead poisoning because they may ingest lead by eating paint chips, sucking on fingers after crawling through lead contaminated dust, and inhaling car fumes. Also, their small body size and developing central nervous system make them vulnerable to the most severe effects of lead poisoning. The combination of these environmental, behavioral, and physiological factors make this age group the focus of screening programs.

In 1985, New York City and 10 counties in the rest of the state comprised the area covered by New York State's lead screening program. Of the 53,000 children screened, 6 percent of the children screened in New York City tested positive for elevated blood lead levels compared with 4 percent of the children in the screened counties in the rest of the state (DOH, 1987a).

Immunization Status For many years, the necessity of childhood immunization was ignored because the risks associated with many illnesses were unknown. However, the seriousness of so-called common childhood diseases is now recognized, and protecting infants and children with vaccines is among the safest methods of disease prevention (National Center for Health Statistics [NCHS], 1984). Without the protection of immunizations, diseases such as measles, mumps, or rubella may lead to permanent disability or death.

The seven major childhood diseases (diphtheria, tetanus, pertussis, measles, mumps, rubella, and polio) are all preventable when children are properly immunized. Since 1979, New York State has required immunization for children entering school and as a condition of school attendance.

For each school year from 1982-83 through 1984-85, 97 percent of New York State's surveyed school children had received the five mandated immunizations (DOH, 1983, 1984, 1985). Immunization levels were lower in New York City (94%) than in counties outside of New York City (98%). Since the 1981-82 school year, the percentage of older children (grades 7-12) completely immunized had risen from 92 percent to 96 percent in the 1984-85 school year. Table 14 indicates the number of reported cases of selected immunizable diseases for 1980 and 1985. Mumps, with a 4 percent increase, was the only disease that showed an increase from 1980 to 1985. Measles had a 90 percent decrease in cases.

TABLE 14
Number of Cases of Selected Immunizable Diseases Among Persons Aged Birth Through 19 New York State 1980, 1985

Disease	Number of Cases 1980	1985
Measles	1,733	165
Mumps	224	232
Rubella	234	209
Pertussis	180	161

Source: New York State Department of Health, 1986b; New York City Department of Health, Bureau of Immunizable Diseases, 1987b

Physical Fitness and Exercise The emphasis on exercise and physical fitness is important in childhood because it establishes a pattern of good health behaviors. Team sports teach cooperation and sharing, while all sports encourage athletic skills that can provide

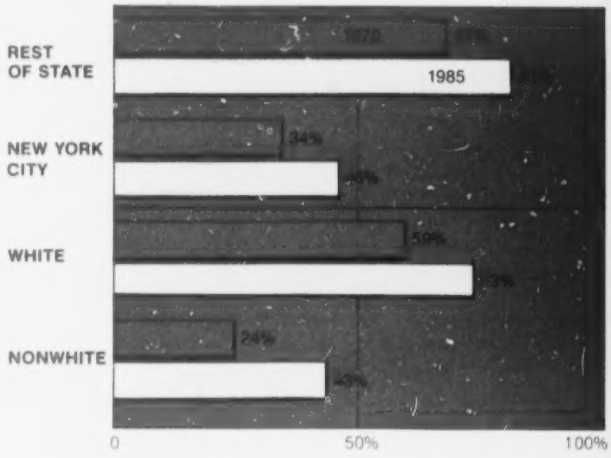
enjoyment all through life. In New York State, amounts of daily physical education instruction vary. Children in lower grades receive some physical education daily. By high school, physical education instruction may occur only twice a week. The National Children and Youth Fitness Study, released in 1986, indicated that children today have more body fat than those 20 years ago (Carey, et al., 1985).

A number of national studies have indicated that the fitness of children both in New York and nationwide is poor. A 1985 report by the President's Council on Physical Fitness and Sports revealed that the fitness of American school children has not improved in the last two decades (President's Council on Physical Fitness and Sports, 1986). The Amateur Athletic Union surveyed students nationwide on strength, endurance, and overall fitness in 1984 (Amateur Athletic Union, 1985). The tests, given by gym teachers to 16,560 New York State students aged 6 to 17, showed New York placed 41st out of 48 states tested. Boys ranked 46th out of 48 states, while girls placed 18th out of 47 states tested.

Prenatal Care Inadequate prenatal care is an important factor associated with the incidence of low birth weight infants and infant mortality. Early prenatal care (first trimester) can identify women at risk of poor pregnancy outcomes and improve their chances of delivering healthy infants. The failure to obtain early prenatal care often results from lack of access to health care services or lack of information by women most at risk of delivering unhealthy infants. Prenatal services for pregnant women generally include an assessment of the physical health of both mother and fetus. In addition, prenatal care provides information and counseling regarding the mother's nutrition and health habits during pregnancy and prepares her for labor and delivery. Nutritional assistance is available for low-income mothers through the Women, Infants and Children (WIC) Program, a supplemental food program for pregnant and lactating women, infants, and children up to age 5.

The number of live births with first trimester prenatal care increased between 1970 and 1985. As shown in Figure VI (and Appendix Table 5.9), 65 percent of births (168,842) in 1985 were to women who began prenatal care in the first trimester compared with 52 percent in 1970. Infants born to nonwhite women were nearly three times as likely (18%) to have received late or no prenatal care than infants born to white women (7%) in 1985. In both 1970 and 1985, infants born to women living in New York City were less likely to receive early prenatal care than those living outside of New York City. Forty-six percent of births in New York City and 81 percent of births in the rest of the state began prenatal care in the first trimester in 1985.

Figure VI **Early Prenatal Care***
by percent



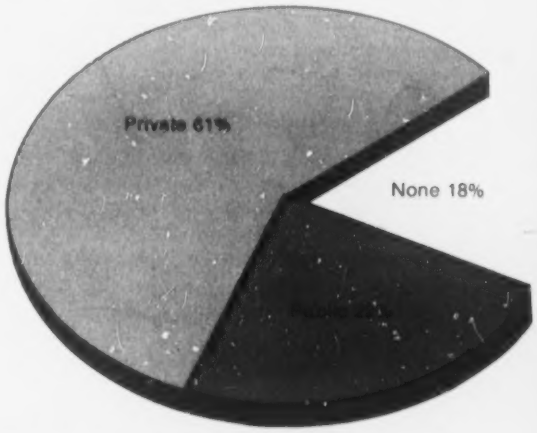
*Receipt of care in first trimester
Source: Appendix Table 5.9

Health Insurance

The ability to secure and maintain quality health care is at least partially dependent on the availability of adequate and affordable health insurance. Without affordable health insurance coverage, families may defer receiving necessary or appropriate medical care.

In addition, families without health insurance are continually at risk of financial crisis should a major illness occur. Figure VII (and Appendix Table 5.10) shows that in 1986, nearly one-fifth (18%) of New York's children and youth under age 20 were without health insurance coverage. Since health insurance coverage is related to employment, many of the uninsured are in families headed by either unemployed or marginally employed parents. Sixty-one percent of children and youth were covered by private health insurance. Group insurance, generally available as a fringe benefit to employees, is the most common form of private insurance (Farley, 1986).

Figure VII **Health Insurance Coverage**
Children (Birth - 19 years), 1986



Source: Appendix Table 5.10

The Medicaid program was designed in 1965 specifically to provide medical services to the poor. However, not all poor children are eligible for Medicaid. Medicaid coverage is available for low-income individuals and families. Coverage is required for all persons receiving assistance through the Supplemental Security Income (SSI) program and the Aid to Families With Dependent Children (AFDC) program. The Medicaid program provides care to "medically needy" children, the disabled, the blind, and the aged. The New York program provides optional services including: dental care, rehabilitative therapies, and drug and sickroom supplies. Twenty-six percent of children statewide were eligible for Medicaid services.

In an analysis of the New York State portion of the March 1986 Current Population Survey, significant differences by family status and income level in relation to health insurance coverage were found. As shown in Table 15, of the children living in two-parent households, 14 percent had no insurance coverage as compared to 36 percent of children living in households headed by single males and 24 percent in households headed by single females. Of children living in households headed by single females, more than half (54%) were covered by public insurance as compared with 9 percent living in married-couple households and 18 percent living in single male-headed households.

Although there were uninsured individuals at every income level, children who lived in lower income families were most likely to be without any insurance coverage. Of those children with no insurance coverage, 74 percent lived in households described as poor, near poor, or low income (below 1.99 times the poverty threshold). Although Medicaid improved access to care for the poorest children, the children of the working poor, near poor, and low income continue to receive less medical care and treatment because family income was slightly above Medicaid eligibility.

TABLE 15
Health Insurance Coverage
Children Under 20 Years Old
By Family Type and Income Level
New York State
1986

	Health Insurance Coverage		
	None	Private	Public
Total	**18%**	**61%**	**22%**
Family Type			
Married Couple	14	77	9
Single Male	36	46	18
Single Female	24	22	54
Income Level			
Poor	19	8	73
Near Poor	31	44	25
Low Income	24	68	8
Middle Income	15	83	2
High Income	12	83	0

Note: Produced from Current Population Survey, March 1986.

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DOH: See New York State Department of Health.

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OMRDD: See New York State Office of Mental Retardation and Developmental Disabilities.

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HIGHLIGHTS

- *Enrollment in New York State's public and nonpublic schools dropped by 27 percent between the academic years of 1970-71 and 1985-86, from 4.3 to 3.1 million students. Over 532,000 students or 17 percent of all students enrolled in New York State attended nonpublic schools in 1985-86.*
- *Over one-third of all New York State students were minority group members in 1985-86 compared to 23 percent in 1970-71. In New York City, 78 percent of the students enrolled in public schools were either black, Hispanic, or Asian in 1985-86.*
- *The number of New York State children in special education programs increased by 24 percent from 1975-76 through 1985-86 despite a 24 percent decline in the total student population. As a result, 9 percent of students in New York State received their education in a special program for the handicapped in 1985-86 compared to 6 percent in 1975-76.*
- *Five percent (129,985) of all New York State public school students attended classes for the limited English proficient (LEP) in 1985-86. Although 69 percent of the LEP students in 1983-84 were Spanish-speaking, 90 languages were represented.*
- *Nearly one-quarter of New York State's sixth-grade students were unable to meet the state's minimum standards of competency in reading and math in spring 1985. In the same year, 16 percent of the fifth graders did not meet minimum competency standards in writing.*
- *Approximately one-third of all New York State students entering high school in the fall of 1981 failed to graduate in June 1985. School failure among the class of 1985 varied dramatically by the race and ethnicity of the student. An estimated 60 percent of all Hispanic students and 54 percent of all black students dropped out of high school compared with 21 percent of all white students.*
- *Although New York State graduates in 1985 comprised less than 8 percent of all United States high school graduates, 30 percent of all Westinghouse Search Winners were from New York State. Similarly, the proportion of candidates for Advanced Placement and students commended by the National Merit Scholarship Program from New York State were approximately double the expected proportions.*
- *New York State public school teachers in 1985-86 were older, more experienced, better educated, and more ethnically similar to the student population than teachers in 1970-71.*
- *In 1984-85, New York State spent an average of $5,260 educating each student. This was higher than the national average of $3,457.*
- *Within New York State, per-enrolled-student expenditures vary widely among school districts, from $28,524 to $1,708 in 1984-85.*

CHAPTER 6

Children in School

"What the best and wisest parent wants for his own children, that must the community want for all of its children. Any other ideal for our schools is narrow and unlovely; acted upon, it destroys our democracy."

John Dewey
School and the Society, 1900

New York State administers one of the largest educational systems in the nation. Only two other states enroll more students or operate more schools than New York (National Center for Education Statistics [NCES], 1983-84, 1985). In the school year 1985-86, New York State's elementary and secondary educational system consisted of 731 school districts, representing almost 4,000 public schools, more than 2,300 nonpublic schools,[1] and 43 Boards of Cooperative Educational Services (BOCES) (New York State Education Department [SED], Information Center on Education, 1986a).

The state, through the Board of Regents and the State Education Department, exercises its responsibility to educate all of its children by setting educational standards and requirements and by subsidizing local spending. However, responsibility for day-to-day operations and programming rests with local school districts. Local differences in student populations, resources, and programming priorities result in a system of education that, in fact, varies considerably from school district to school district.

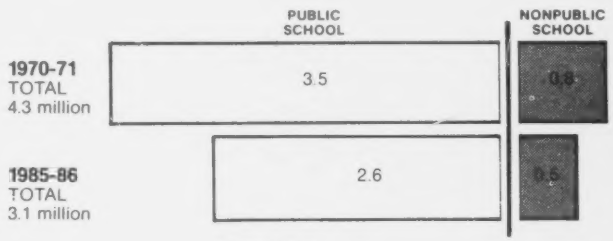
New York State has a strong vested interest in providing its children with an education that is both excellent and equitable. Providing quality education for all children benefits not only each individual child, but also society as a whole — socially, economically, and politically. In the wake of several national reports critical of American education, New York State has intensified its efforts to examine and upgrade the quality of its educational system. This chapter describes the characteristics of children and teachers, the programs, and the performance of children in elementary and secondary schools in New York State.

ENROLLMENT

Fewer Students

Enrollment in New York State's public and nonpublic schools dropped by 27 percent from 4.3 million in the academic year of 1970-71 to 3.1 million in 1985-86 (Figure I).[2] This decline reflects the general demographic trends mentioned in Chapter 1, such as the aging of those born during the "baby boom" and migration out of the state. Changes in the number of students enrolled varied, however, among different grade levels, racial/ethnic groups, geographic locations, and types of schools. Enrollments in some segments of the student population actually increased. As a consequence, the profile of New York State's student population was very different in 1985-86 than it was in the early 1970s.

Figure I **Student Enrollment**
in millions



Source: Table 1

Table 1 indicates the number of students enrolled in school for selected years from 1970-71 through 1985-86 and enrollment projections through 1994-95. A decrease in the number of public school students occurred at all grade levels over the decade and a half preceding 1985-86. However, the rate of decline was greater in the lower grades. Between 1970-71 and 1985-86 the number of kindergarten and elementary students (grades 1 through 6) in public schools declined by more than one-third. The number of junior high students (grades 7 through 9) and senior high students (grades 10 through 12) declined more moderately (-26% and -16%, respectively). Thus, the average public school student was older in 1985-86 than in 1970-71. Enrollment in nonpublic schools followed the same trends as those in public schools, except that non-

[1]Nonpublic schools include private schools as well as schools operated by the Department of Mental Hygiene, Department of Correctional Services, Division for Youth, State University of New York, City University of New York, and State Education Department.

[2]It should be noted that enrollment figures will vary slightly from table to table due to differences in the reporting systems used as sources for this chapter.

TABLE 1

Trends and Projections of Public and Nonpublic School Enrollment by Grade Level[a] New York State Selected Years 1970-71 Through 1994-95

Year	Total	Grade Level: Kindergarten	Elementary[b]	Junior High[c]	Senior High[d]	Ungraded Handicapped[e]
			Total School Enrollment			
1970-71	4,294,156	298,145	2,065,461	1,005,783	850,146	74,621
1975-76	4,027,360	262,024	1,785,605	989,724	896,815	93,192
1980-81	3,440,235	202,975	1,465,245	831,869	814,037	126,109
1985-86	3,137,487	224,581	1,335,980	718,681	703,997	154,248
1990-91[f]	**3,089,618**	**233,925**	**1,440,141**	**682,893**	**582,163**	**150,496**
1994-95[f]	**3,198,160**	**232,649**	**1,472,488**	**724,176**	**608,511**	**160,336**
% Change 1970-71 to 1985-86	-27%	-25%	-35%	-29%	-17%	+107%
Projected % Change 1985-86 to 1994-95[f]	**+ 2%**	**+ 4%**	**+10%**	**- 1%**	**-14%**	**+ 4%**
			Public School Enrollment			
1970-71	3,506,303	271,683	1,633,188	812,823	718,894	69,715
1975-76	3,406,015	229,132	1,474,238	834,554	785,683	82,408
1980-81	2,860,371	161,399	1,181,403	698,157	708,506	110,906
1985-86	2,605,363	178,484	1,078,634	604,464	604,952	138,829
1990-91[f]	**2,565,728**	**184,962**	**1,165,059**	**576,041**	**502,714**	**136,952**
1994-95[f]	**2,676,125**	**183,815**	**1,195,562**	**616,997**	**530,923**	**148,828**
% Change 1970-71 to 1985-86	-26%	-34%	-34%	-26%	-16%	+ 99%
Projected % Change 1985-86 to 1994-95[f]	**+ 3%**	**+ 3%**	**+11%**	**+ 2%**	**-12%**	**+ 7%**
			Nonpublic School Enrollment			
1970-71	787,853	26,462	432,273	192,960	131,252	4,906
1975-76	621,345	32,892	311,367	155,170	111,132	10,784
1980-81	579,864	41,576	283,842	133,712	105,531	15,203
1985-86	532,124	46,097	257,346	114,217	99,045	15,419
1990-91[f]	**520,890**	**48,963**	**275,082**	**103,852**	**79,449**	**13,544**
1994-95[f]	**522,035**	**48,834**	**276,926**	**107,179**	**77,588**	**11,508**
% Change 1970-71 to 1985-86	-32%	+74%	-40%	-41%	-25%	+214%
Projected % Change 1985-86 to 1994-95[f]	**- 2%**	**- 6%**	**+ 8%**	**- 6%**	**-22%**	**- 25%**

[a]Includes Boards of Cooperative Educational Services.
[b]Grades 1 through 6.
[c]Grades 7 through 9.
[d]Grades 10 through 12.
[e]Some handicapped and limited English proficient children are not assigned a grade and attend separate special education classes.
[f]Projected, excludes BOCES which enrolls approximately 21,000 students each year.

Source: New York State Education Department, Information Center on Education, 1971b, 1976a, 1980-81a, 1985-86b, 1985-86c, 1985b.

public kindergarten enrollment increased by 74 percent over the same time period. Provision of a full-day kindergarten program in many nonpublic schools may explain this dramatic increase of earlier baby boomers.

As the last of those born during the "baby boom" complete school and their children begin to enter school, the trend toward an older student population is expected to reverse. The number of kindergarten students in public schools increased by 11 percent between 1980-81 and 1985-86, and is expected to increase an additional 3 percent by 1994-95. Senior high public school enrollments, on the other hand, are expected to reflect current low elementary enrollments, with a 12 percent decline between 1985-86 and 1994-95. Total enrollment in New York State public schools will continue to decline slightly through the early 1990s and then rise until they approximate 1985-86 levels in 1994-95.

Enrollment trends for nonpublic schools are expected to be similar to those for public schools, with the single exception of ungraded handicapped enrollment.[3] By 1994-95, public schools are expected to have 7 percent more students enrolled in their ungraded classes than there were in 1985-86. In contrast, nonpublic school enrollment of these students is expected to decline by 25 percent. Efforts to educate handicapped children in the least restrictive environment mean that more children will be educated in the public school system.

Racial/Ethnic Composition

The racial/ethnic composition of the student population changed between 1970-71 and 1985-86, generally reflecting the different racial/ethnic patterns of migration and fertility that were described in Chapter 1. There was more than a one-third reduction in the number of white students between 1970-71 and 1985-86 (Appendix Table 6.1). During the same time period, the number of black and Native American students declined slightly, while the number of Hispanic and Asian students increased.

These numerical changes in racial/ethnic enrollment resulted in shifts in the share of total enrollment each group represented. As indicated in Table 2 and Figure II, the proportion of students that were white decreased from 77 percent in 1970-71 to 65 percent in 1985-86. During the same time period, the proportion of students who were black increased from 14 to 18 percent, the proportion who were Hispanic increased from 9 to 14 percent, and the proportion who were Asian increased from less than 1 to 3 percent.

Changes in the racial/ethnic profile of students occurred in both public and nonpublic school systems. In addition to the effects of demographic trends, there were changes in the tendency of students of various races/ethnicities to attend nonpublic schools. White students were slightly less likely to attend nonpublic

[3]Ungraded handicapped children are not assigned a grade and attend separate special education classes.

TABLE 2

Students Enrolled in Public and Nonpublic Schools By Race/Ethnicity
New York State
Selected Years 1970-71 Through 1985-86

Year	Total	Race/Ethnicity[a]			
		White	Black	Hispanic	Asian
			Total		
1970-71	4,296,982	77%	14%	9%	1%
1975-76	4,029,119	73	15	10	1
1980-81	3,457,366	70	17	11	2
1985-86	3,129,143	65	18	14	3
			Public Schools		
1970-71	3,499,604	75%	16%	9%	1%
1975-76	3,393,983	72	17	10	1
1980-81	2,848,528	68	18	12	2
1985-86	2,597,019	63	19	14	3
			Nonpublic Schools		
1970-71	797,378	87%	6%	7%	0%[b]
1975-76	635,136	83	8	8	1
1980-81	608,838	77	12	10	2
1985-86	532,124	72	14	11	3

[a]Includes prekindergarten and post-graduate students. Excludes students in Boards of Cooperative Educational Services programs. The total includes Native American students who represented less than 1 percent of the total.

[b]Less than 0.5 percent.

Source: New York State Education Department, Information Center on Education, 1970-71a, 1971b, 1975-76b, 1980-81a, 1980-81b, 1985-86a, 1985-86b.

BOX A
Nonpublic Schools

New York State leads the nation in the number of elementary and secondary students enrolled in nonpublic schools, and ranks second in the proportion of total enrollment these students represent (NCES, 1983-84). Over 532,000 students, or 17 percent of all students enrolled in New York State, attended nonpublic schools in 1985-86 (Appendix Table 6.2). In 1984-85, nonpublic school enrollment across the nation averaged less than 11 percent of total enrollment (New York State School Boards Association, 1986).

The frequency of nonpublic school attendance has been related to parental attitudes toward education. The primary reason given by parents for nonpublic school selection is the desire to educate children within the framework of a specific set of religious beliefs. Other frequently cited reasons include the belief that a nonpublic school offers an academically superior program, the concern about safety within the public schools, and the desire for greater parental participation in determining school policies and programs (Kraushaar, 1972). Differing educational values of nonpublic school sponsors have produced a range of educational options for New York's children.

Nearly 88 percent of the children enrolled in nonpublic schools in 1985-86 were in schools affiliated with a particular religion (Appendix Table 6.3). Twelve different religious denominations operate nonpublic schools in New York State, with two-thirds of all nonpublic school students enrolled in Roman Catholic schools. Jewish schools had the greatest growth in enrollment, gaining over 26,000 students between 1970-71 and 1985-86. Roman Catholic schools experienced the greatest decline in enrollment (-309,411 students).

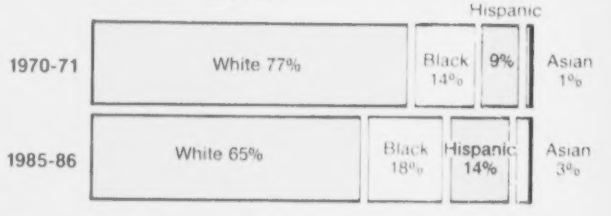
Nonpublic schools are an integral part of the educational system. New York State and the federal government help maintain the continued existence of nonpublic schools by financially assisting them in certain "child benefit" expenses: transportation, health services, textbook aid, nutrition programs, handicapped student aid, testing services, and state required tests and reports (New York State Senate Task Force on Critical Problems, 1983). Overall, $180 million in state funds and $50 million in federal funds were dispersed for student services in New York State's nonpublic schools in 1983-84. This equals an average of $312 per child enrolled in a nonpublic school, excepting children with handicapping conditions (Appendix Table 6.4). The average federal and state expenditure per nonhandicapped child enrolled in a public school was $1,844 (SED, Bureau of State Aid, 1984).

schools in 1985-86 than in 1970-71, while black and Asian students were more likely to do so (Appendix Table 6.1). As a consequence of these demographic and enrollment trends, the proportion of all black students who attended nonpublic schools rose from 8 percent in 1970-71 to 12 percent in 1985-86.

Changes in the racial/ethnic composition of enrollments were particularly dramatic in New York City. Table 3 presents the racial/ethnic profiles of public school students in New York City and in the rest of the state. In 1970-71, white students comprised over one-third, and Hispanic students over one-quarter of all New York City public school enrollments. By 1985-86, the sharp declines in the white student population and gains among Hispanics produced a student body that was one-quarter white and one-third Hispanic. In both years, black students represented about one-third of public school enrollments.

The racial/ethnic profile of public school students outside of New York City also changed so that minority students comprised a larger share of all enrollments. However, proportional changes in racial/ethnic composition were not as great for these students as for those in New York City. In both 1970-71 (92%) and

Figure II **Racial/Ethnic Distribution of Students**
by percent



1985-86 (87%), the vast majority of all students in the rest of the state were white.

The higher proportion of minorities enrolled in New York State schools did not necessarily mean that schools had become more integrated. In both 1970-71 and 1985-86 approximately half of all minority students attended schools in which at least 90 percent of the students enrolled were minority group members. Schools in which the majority of the student body was composed of minority group members accounted for 23 percent of all New York State schools in 1985-86 and educated 78 percent of all minority students (SED, Information Center on Education, 1970-71b, 1985-86d).

TABLE 3
Enrollment of Public School Students
By Race/Ethnicity
New York City, Rest of the State
Selected Years 1970-71 Through 1985-86

Year	Total[a]	Race/Ethnicity[a]			
		White	Black	Hispanic	Asian
		New York City			
1970-71	1,140,359	38%	35%	26%	2%
1975-76	1,099,004	32	37	28	2
1980-81	943,805	27	39	30	4
1985-86	935,993	22	38	34	6
		Rest of the State			
1970-71	2,359,245	92%	6%	1%	0%[c]
1975-76	2,294,979	91	7	2	0[c]
1980-81	1,904,723	89	8	2	1
1985-86	1,661,026	86	9	3	2

[a]The total includes Native American students who represented less than 1 percent of the total.
[b]Includes prekindergarten and post-graduate students. Excludes students in Boards of Cooperative Educational Services programs.
[c]Less than 0.5 percent.
Source: New York State Education Department, Information Center on Education, 1970-71a, 1975-76b, 1980-81b, 1985-86a.

CHARACTERISTICS OF PUBLIC SCHOOL TEACHERS

The number of public school teachers in New York State peaked at 190,481 in 1974-75 — three years after the peak of student enrollment. Since that time, the number of teachers declined. By 1985-86, there were 6 percent fewer teachers than in 1970-71, less than one-quarter the percentage decline of the number of students (26%). These two trends resulted in a smaller student-teacher ratio, dropping from 19:1 in 1970-71 to 15:1 in 1985-86 (Appendix Table 6.5).

Yet, trends in the student-teacher ratio differed across the state. Compared with 1970-71, New York City had 10 percent fewer teachers in 1985-86 to instruct 18 percent fewer public school students. In contrast, the rest of the state lost just 4 percent of its teaching staff but 29 percent of its student population. Thus, the student-teacher ratio in New York City remained fairly stable during this period at 18:1, while in the rest of the state the ratio declined from 20:1 in 1970-71 to 15:1 in 1985-86.

The general decline in the number of teaching staff resulted in a change in the demographic profile of New York State public school teachers. Increased competition for fewer teaching positions in the late 1970s and early 1980s resulted in an older and relatively more experienced staff. The proportion of public school teachers who were more than 33 years of age increased from 51 percent in 1970-71 to 85 percent in 1985-86 (Appendix Table 6.6). As the average teacher's age increased, the average years of teaching experience also increased — from 5 years in 1970-71 to 15 years in 1985-86.

Educational attainment among teachers increased as well, mainly because of a new requirement in 1978 for a master's degree prior to permanent certification. In 1985-86, 67 percent of all public school teachers in New York State's elementary and secondary schools had at least a master's degree. In contrast, only 36 percent had a master's degree in 1970-71.

In addition, the racial/ethnic profile of public school teachers has changed.[4] Between 1970-71 and 1985-86, the number of white teachers declined by 16 percent and the number of minority teachers increased (77% black, 330% Hispanic, and 73% for all other racial/ethnic groups). The change in the racial/ethnic profile of teachers has meant that students in 1985-86 were somewhat more likely to receive instruction from a teacher of the same cultural and racial/ethnic background than were students in 1970-71 (Appendix Tables 6.7 and 6.8).

Table 4 presents the ratios of public school students to teaching staff of the same race/ethnicity for selected years from 1970-71 through 1985-86. In 1970-71, for every 77 black children in New York State there was 1 black teacher, for every 281 Hispanic students there was 1 Hispanic teacher, and for every 16 white students there was 1 white teacher. By 1985-86, ratios among students and teachers of the same racial/ethnic group were reduced to 40:1 for blacks, 75:1 for Hispanics, and 12:1 for whites.

New York City led the state in the amount of change in the racial/ethnic distribution of public school teachers. Between 1970-71 and 1985-86, there was a 26

[4]The racial/ethnic count of teachers includes prekindergarten and excludes BOCES.

percent drop in white teachers, whereas the number of black and Hispanic staff increased by 104 and 430 percent, respectively (Appendix Table 6.7). With such increases in minority teaching staff, the student-to-teacher ratio within racial and ethnic groups improved dramatically. There were 47 fewer black students per black teacher in 1985-86 than there were in 1970-71 (from 84:1 to 37:1), and 290 fewer Hispanic students per Hispanic teacher (364:1 to 74:1).

In the rest of the state, smaller increases in minority staffing and greater increases in minority enrollment than in New York City resulted in only a minor improvement in the black student-staff ratio, and the disparity actually increased in the Hispanic ratio.

TABLE 4

Ratios of Public School Students to Teachers Of Same Race/Ethnicity New York State, New York City, Rest of the State Selected Years 1970-71 Through 1985-86

Year	Ratio of Students to Teachers of Same Race/Ethnicity[a]			
	White	Black	Hispanic	Other
New York State				
1970-71	16:1	77:1	281:1	61:1
1975-76	16:1	77:1	153:1	83:1
1980-81	14:1	61:1	109:1	106:1
1985-86	12:1	40:1	75:1	96:1
New York City				
1970-71	8:1	84:1	364:1	80:1
1975-76	9:1	90:1	180:1	97:1
1980-81	7:1	64:1	115:1	119:1
1985-86	5:1	37:1	74:1	90:1
Rest of the State				
1970-71	19:1	62:1	76:1	43:1
1975-76	18:1	56:1	70:1	68:1
1980-81	16:1	54:1	79:1	90:1
1985-86	14:1	49:1	82:1	112:1

[a]Includes prekindergarten, K-12, post-graduates. Excludes BOCES.

Source: New York State Education Department, Information Center on Education, 1970-71a, 1975-76b, 1980-81b, 1986a

With average annual salaries that nearly doubled in the past decade, New York State public school teachers are among the best paid elementary and secondary teachers in the nation. Only two states and the District of Columbia pay higher average annual salaries than those earned by New York State teachers (National Education Association, 1984). Yet, when dollars are adjusted to 1985-86 purchasing power, New York State teachers' salary increases barely kept pace with inflation (Appendix Table 6.9). Further, teacher salaries remain below those of most other professionals (U.S. Department of Commerce, 1985).

Relatively low financial reward and poor working conditions are among several negative factors that have resulted in a general decline in the pursuit of teaching as a career (New York State United Teachers, 1984). In 1980, only 6 percent of incoming college freshmen said they planned to teach compared to 25 percent in 1968 (Shultze & Williams, 1982). Similarly, the number of new teaching certificates issued in New York State declined dramatically (-53%) between 1971 and 1984, particularly in academic subjects such as mathematics and science (Appendix Table 6.10). Increased teacher retirements, decline in the number of people entering teaching, projected enrollment increases, and additional course requirements imposed by the Board of Regents may exacerbate a shortage of qualified teachers in New York State.

As the pool of teachers is shrinking, concerns are also being raised over the caliber of teachers entering the pool. Of the New York State college-bound seniors who took the Scholastic Aptitude Test (SAT) in 1983-84, those who indicated education as their first career choice ranked 23rd out of 26 career categories in average math scores and 22nd in verbal scores (College Entrance Examination Board, 1984b). Since the quality of education in New York State is ultimately linked to the quality of teachers in the classroom, such trends have serious implications for the future of education in New York State.

EDUCATIONAL FINANCING

The importance New York State attaches to the education of its children is reflected in its strong financial commitment to the process. Ranking third among all states in expenditures per student attending public schools, an average of $5,260 was spent in educating each student in New York State in 1984-85. This was higher than the national average of $3,457 (National Education Association [NEA], 1986).

In part, such high expenditures are a product of relatively high per-capita income in New York State ($16,050 in 1985; 7th-ranked among states). They also result from a relatively high percentage of income per-capita allocated to education (34%). In 1985, this rate was fourth in the nation (U.S. Department of Education, Office of Planning, Budget and Evaluation, 1987).

Yet, within New York State, per-enrolled-student expenditures varied widely among school districts,[5] from $28,524 in Wainscott, Suffolk County to $1,708 in Jasper, Steuben County in 1984-85. Even when districts at the extreme ends of the range were excluded, those at the 90th percentile spent more than twice as much per student as those at the 10th percentile (SED, Information Center on Education, 1984-85a).

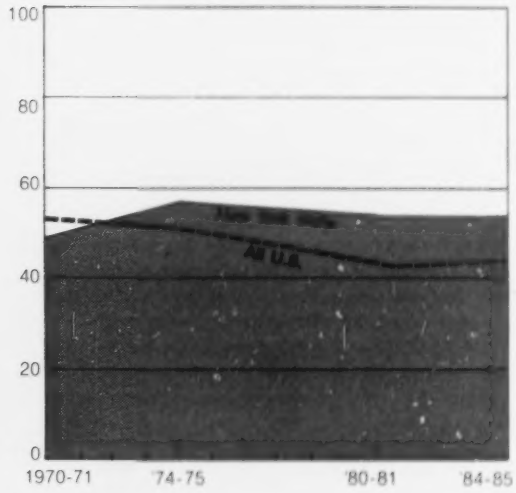
Underlying the inequities in per-student expenditures across districts is New York State's reliance on local school districts for the greatest share of education revenues. Table 5 presents data on the sources of educational financing for New York State and for the nation. Between 1971-72 and 1984-85 reliance on each of the three sources of funding (federal, state, and local) was relatively constant in New York State,

[5]This includes general and debt service fund expenditures for regular day schools only.

with the majority of funding coming from local sources. Nationally, however, there was a tendency for state governments to assume a greater share of school financing during this period, and for local governments to assume a lesser share (Figure III). Record increases in state aid to public elementary and secondary schools of over $600 million between 1983-84 and 1984-85 moved New York State's proportional spending closer to national levels (SED, Educational Research Services Unit, 1986). However, offsetting increases in total expenditures and declining support from the federal government has meant that local districts in New York State continue to pay most of their educational costs.

Property value is the basis of revenue collection (that is, property taxes) at the local level and drives a community's ability to spend resources on its educational system. Differences in local wealth, therefore, have serious implications for public school funding. Districts with high property values can raise more local revenues with less tax effort than districts with lower property values. Revenues, in turn, are directly related to educational opportunities. Students in wealthier districts are more likely to have smaller classes; more program offerings; more favorable student-to-professional staff ratios; more equipment and supplies; and teachers who are better paid, more experienced, and better educated than students in poorer districts (*Levittown vs. Nyquist, 1978; Coalition for School Finance Reform, 1985).*

Figure III **Local Funding for Education**
Elementary & Secondary (as a percent)



Source: Table 5

Local wealth as the determinant for local spending would not be a problem if resources within the state were evenly distributed. They are not. As of 1984-85, the range in local property wealth between the richest and poorest school districts was $10,317,776 full value per enrolled student. Districts at the 90th percentile of wealth had property values over four times those at the 10th percentile of wealth ($281,000 vs. $62,000 full valuation per enrolled student).

Differences in need for revenues also exist between school districts. School districts with a high percentage of children with special educational needs require additional resources to serve these students adequately. Similarly, equal dollars do not purchase equal services in every district. Some school districts experience higher costs for staffing, buildings, maintenance, utilities, and transportation.

The New York State system of financial aid does not compensate for local spending disparities. The results of a national study on school finance reform demonstrate this fact. The 1977 study compared the school finance systems of 48 states for their attainment of two equity goals: expenditures-per-student equality; and wealth neutrality (the degree to which expenditures-per-student and property wealth per student are related). Only seven states ranked consistently low on all measures of goal attainment in both areas — New York State was one of the seven (Odden & Augenblick, 1981).

TABLE 5
Percentage Distribution of Federal, State, and Local Revenues For Public Elementary/Secondary Education United States, New York State Selected Years 1970-71 Through 1984-85

	Federal		State		Local	
Year	United States	New York State	United States	New York State	United States	New York State
1970-71	8%	6%	39%	44%	53%	50%
1974-75	8	5	41	38	51	57
1980-81	9	7	47	39	43	54
1984-85	7	3	49	43	44	54

Source: New York State School Boards Association, 1986; National Center for Education Statistics, 1984, 1985; National Education Association, 1986

Such state aid formulas as the flat grant ($360 per student regardless of local wealth or need) and Save Harmless (assuring each district of getting at least as much state aid in the current year as it got the year before) limit the funds available to compensate districts with relatively low wealth or high need. Few states initiating Save Harmless as a reform provision have continued this type of aid beyond the first year. Yet, New York State has been distributing Save Harmless aid since 1974 (New York State Special Task Force on Equity and Excellence in Education, 1979).

Efforts to change the New York State system of educational financing through litigation have been unsuccessful. In 1982, after eight years in the judicial system, the New York State Court of Appeals reversed two lower court decisions that ruled the state's formula for school aid unconstitutional. Acknowledging existent inequities, the Court of Appeals cited failure to prove intentional discrimination as the basis for its decision and placed the responsibility for resolution with the Legislature (*Levittown vs. Nyquist*, 1982).

Improving the equity of the system of financing education in New York State will not come without costs. Ensuring that an educational system is equitable, however, carries with it a tremendous benefit: the promise that all children in New York State will receive an opportunity to get an adequate education.

PROGRAMS

Educational programs are the vehicles through which the Board of Regents goals for New York State students are fulfilled. These goals include student acquisition of the skills, knowledge, and capacity they will need to survive in and contribute to society. In addition to setting requirements for the basic academic program that applies to all students, the Board also recognizes the need to provide a variety of specialized programs designed to accommodate the vast array of needs, abilities, and interests that individual students bring to the classroom.

Academic

The academic program is fundamental to all educational programming in New York State. The New York State Board of Regents has responsibility for setting and maintaining minimum standards for proficiency in such academic areas as reading, writing, mathematics, science, social studies, foreign languages, business, and the arts. In March 1984, the Board of Regents adopted an "Action Plan" designed to upgrade the academic standards of education in New York State. The Regents Action Plan, which became effective in September 1985, is scheduled to be phased in over ten years.

The Regents Action Plan expands coursework and competency requirements in most academic areas. All students will have minimum unit requirements for each academic subject, and additional unit requirements in two-subject areas (called sequences) to acquire course depth. Predetermined sequence options give students controlled flexibility in scheduling their high school program. Students will continue to have the choice of seeking a basic local diploma or electing to take additional coursework and testing required for a Regents diploma.

In addition, students must prove competency in all academic areas by passing either the Regents competency test or the Regents examination in the specified subject area (Part 100 of the Regulations of the New York State Commissioner of Education). Thus, the range and depth of coursework and the value of a diploma will be enhanced. Nevertheless, critics point to potential negative consequences: heavier course loads, reduced opportunity to take advantage of elective courses, increased costs to school districts, and potential increases in the number of students who drop out of school (Purnick, 1983).

The state has already taken steps to compensate for anticipated increases in costs and dropouts accompanying the Regents Action Plan. With the school aid increases adopted in the 1986-87 Executive Budget, state support for public schools rose by 37 percent over the preceding four years. In addition, the Board of Regents competency testing program has incorporated screening and remediation programs to counter the difficulty some students may have in meeting the more rigorous competency requirements (see Regents Testing Program).

Occupational Education

An important component of New York State's educational system is its occupational education program. Occupational education is a continuum of learning experiences in which students become aware of a broad spectrum of occupations, develop skills that are adaptable to personal and career roles, and prepare for entry into occupations. This continuum is part of a lifelong process through which individuals develop personal, family, social, economic, technological, and occupational competencies to meet the needs of self and society (SED, Office of Occupational and Continuing Education, 1986).

Occupational education means all programs of instruction in agriculture; business, including marketing; home economics; health occupations; technical education; technology education/industrial arts; and trade education (Part 100.1 of the Regulations of the New York State Commissioner of Education).

The New York State Education Department administers the occupational education program and services. However, not all programs are operated by, or housed within, the public educational system. Some programs are found in private occupational schools, in specialized institutions such as hospital schools and rehabilitation centers, or in businesses and industries. In addition, 43 Boards of Cooperative Educational Services operate a network of 72 area occupational centers which serve as annexes to component school districts (Schultze & Williams, 1982).[6]

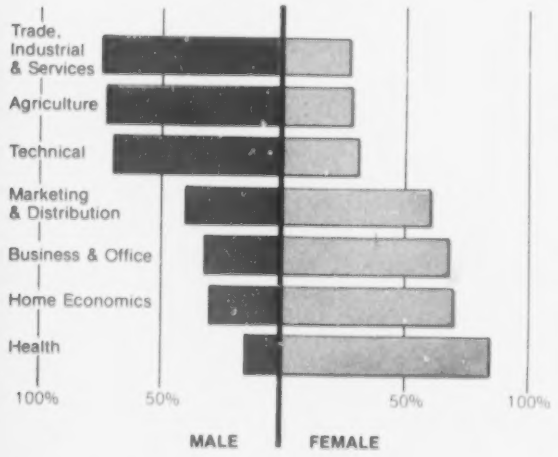
[6]One BOCES typically serves several school districts.

Over one-third of all secondary students (grades 9 through 12) in New York State public schools enroll in occupational education programs each year. According to the most recent data available, these students are more likely to be female than male, and white rather than other racial/ethnic group members (Appendix Table 6.11). Nearly one-third are economically or academically disadvantaged[7] and 7 percent have handicapping conditions.[8]

The selection of occupational area to be pursued was strongly associated with the sex of the student. Figure IV illustrates that in 1985-86, enrollment in health, business and office, home economics, and marketing and distribution programs was predominantly female. Males were more likely to be enrolled in trade, industry, and service; agriculture; and technology programs.

Studies evaluating the effectiveness of New York State's occupational programs have generally been favorable. For example, a 1980 study found that at least 80 percent of the responding employers rated those who completed secondary school occupational education programs as good or excellent in the areas of technical knowledge, work attitudes, and work quality (SED, Office of Occupational and Continuing Education, 1981).

Figure IV **Secondary Occupational Ed. Students** by sex, 1985-86



Source: New York State Education Department, Office of Occupational and Continuing Education, 1987

Special Education

Children with handicapping conditions in New York State receive their education in special programs designed to meet their unique needs. Within local school districts, these children are identified and served by a Committee on Special Education (CSE).[9] CSEs are responsible for assessing referred students, recommending an Individualized Education Program (IEP) when appropriate, and evaluating the progress of eligible students on an annual basis.

Whenever possible, children with handicapping conditions receive their education within their own district schools. In some cases, however, local school districts contract with neighboring districts, BOCES, or private agencies to meet the needs of these students.

Enrollment In the decade following 1975, the number of New York State children in special education programs increased by 24 percent, despite a 24 percent decline in the total student population.[10] As a result, the proportion of New York State students who received their education in a special program for students with handicapping conditions increased from 6 percent in 1975-76 to 9 percent in 1985-86. Over 266,000 students were enrolled in special education programs in 1985-86 (Appendix Table 6.12).

As presented in Table 6 and Figure V, this upward trend in special education enrollments was not a steady one. A sharp decline in the number of students enrolled in New York City Special Education programs between 1975-76 and 1976-77 preceded a similar decline in the rest of the state between 1977-78 and 1978-79.

These regional declines resulted in an overall state decline in special education enrollments in the late 1970s to a low of 180,709 students in 1978-79. Subsequent increases in both areas of the state led to a peak enrollment of 267,470 special education students in 1984-85. Between these school years, the enrollment of special education children nearly doubled in New York City and increased by 26 percent in schools in the rest of the state. A slight decline in special education enrollments in 1985-86 was primarily due to a reduction in the number of New York City children enrolled in special education programs.

Reasons for Change Overall trends in special education enrollment are related to many factors. In addition to changes in the number of children with

[7]A disadvantaged student is one who has one or more of the following characteristics: 1) is entitled to services under Chapter 1 of the Education Consolidation and Improvement Act (students with handicapping conditions in state-supported or state-operated institutions); 2) is eligible for lunches at reduced rates; 3) has a parent or guardian who receives public assistance; or 4) has failed one or more Regents competency examinations.

[8]A student with a handicapping condition is one who has both of the following characteristics: 1) a handicapping condition that prevents him or her from fully participating in all aspects of the occupational program in which he or she is enrolled; and 2) an Individualized Education Program developed by the local school district's Committee on Special Education.

[9]The Committee on Special Education was previously called the Committee on the Handicapped (COH).

[10]Accurate data on special education enrollment prior to 1975-76 are not available.

handicapping conditions, enrollment variations reflect court decisions, State Education Department policy changes, and increases in state appropriations.

TABLE 6

Students Enrolled in Special Education Programs New York State, New York City, Rest of the State 1975-76 Through 1985-1986

Year	Special Education Enrollment		
	New York State	New York City	Rest of the State
1975-76	215,052	100,968	114,084
1976-77	208,289	49,337	158,952
1977-78	210,763	51,380	159,383
1978-79	180,709	55,454	125,255
1979-80	186,903	59,788	127,115
1980-81	216,342	78,944	137,398
1981-82	239,492	92,138	147,354
1982-83	249,629	96,818	152,811
1983-84	259,939	104,239	155,700
1984-85	267,470	109,837	157,633
1985-86	266,157	106,363	159,794

Source: New York State Education Department, Information Center on Education, 1975-76a, 1976c, 1977, 1978, 1979, 1980, 1981b, 1982, 1983, 1984b, 1985d

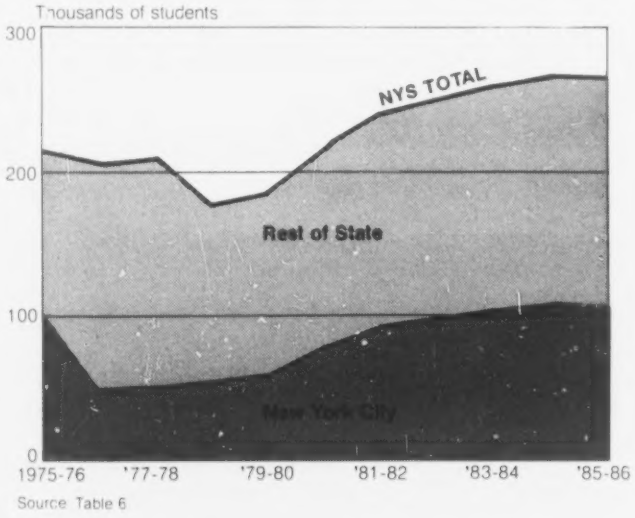
At the federal level, Public Law (PL) 94-142 (The Education for All Handicapped Children Act, 1975), developed in response to the 1973 Civil Rights Act for the Handicapped, initiated many of the early changes in special education. Among its provisions, PL 94-142:

- Guaranteed for the first time a free and appropriate public education for all children with handicapping conditions;
- Required schools to educate children with handicapping conditions in the same classrooms as children without such conditions wherever appropriate (also known as least restrictive environment or mainstreaming); and
- Required a multidisciplinary developmental evaluation and Individualized Education Program for each child receiving special education services (SED, 1984).

Concurrent with the federal initiatives, New York State was also developing initiatives for its children who required specialized and more intensive educational services. Chapter 853 of the Laws of 1976 provided detailed requirements and procedures for the education of children with handicapping conditions in New York State.

Regional variations in special education enrollment following PL 94-142 were associated with two additional conditions that existed: a fiscal crisis in New York City and ambiguity in the special education status of students with speech impairments. As presented in Tables 6 and 7, the sharp decline in special education enrollments in New York City between 1975-76 and 1976-77 was primarily a decline in the number of speech-impaired children considered special education students (e.g., speech therapy for a student with a lisp was no longer considered special education). This decline was mirrored in the rest of the state between 1977-78 and 1978-79 when Regulations of the New York State Commissioner of Education clarified that speech impairments should not be classified as a handicapping condition unless educational performance was adversely affected (SED, Office for Education of Children with Handicapping Conditions, 1978).

Figure V **Special Education Enrollments**



Source: Table 6

A combination of three factors account for most of the recent changes in special education enrollments. First, the categories of handicapping conditions recognized by New York State law were expanded in 1980 to include learning disabilities, autism, and multiply-handicapping conditions, and in 1981 to include orthopedic conditions and health impairments. Recognition of these new classifications meant that more children became eligible to receive special education services. There is also some evidence that children already receiving special education services may have been reclassified into more appropriate categories. For example, between 1980-81 and 1985-86 enrollment of New York State students with learning disabilities rose by 98,687 while total special education enrollments rose by only 49,815.

Second, in response to an extensive waiting list for the IEP evaluation in New York City, a class action suit (*Jose P. vs. Ambach, 1979*) was brought in federal court to secure a timely evaluation and an appropriate program placement for all children referred to a CSE. Special education enrollments in New York City rose by nearly a third between 1979 and 1980, at least partly as a result of this action (Appendix Table 6.13).

Finally, New York State revised its method of allocating aid for students with handicapping conditions to help local school districts meet the rising cost of mandated programs for the handicapped. Rather than base aid on handicapping condition, 1980 state aid legislation (Chapter 53) required that aid be based on the intensity of service provided. An additional $71 million in state aid, specifically for the education of students with handicapping conditions, was the direct result of Chapter 53. This funding enabled an expansion of services to handicapped students throughout the state (SED, Office for Education of Children with Handicapping Conditions 1980).

Type of Program In New York State, a continuum of special programs and related services has been established to provide children with handicapping conditions the opportunity for a free and appropriate public education in the least restrictive settings. Whenever appropriate, children with handicapping conditions are placed in regular classroom programs. These programs may be supplemented with a variety of related services such as physical therapy or audiology or by visits to a resource room for specially designed instruction. In some cases, where highly specialized instruction is required, children are placed in special classes that are characteristically small and self-

TABLE 7

Students Enrolled in Special Education Programs By Selected Handicapping Conditions New York State, New York City, Rest of the State Selected Years 1975-76 Through 1985-86

Year	Handicapping Condition				
	Mentally[a] Retarded	Emotionally Disturbed	Speech Impaired	Other Health[b] Impaired	Learning Disabled
			New York State		
1975-76	44,715	32,824	103,335	27,013	N.A.
1977-78	44,016	31,564	66,602	33,306	28,172
1980-81	39,183	42,607	38,918	42,885	43,478
1983-84	32,910	38,828	34,508	9,412	132,401
1985-86	29,498	40,819	30,005	9,943	142,165
% Change 1975-76 to 1985-86	**-34%**	**+24%**	**-71%**	**-63%**	**+422%[c]**
			New York City		
1975-76	12,916	14,231	57,066	13,428	N.A.
1977-78	13,135	14,548	1,657	18,883	N.A.
1980-81	12,495	20,777	4,440	23,166	11,752
1983-84	8,889	15,650	6,219	5,874	63,865
1985-86	8,439	17,051	5,069	6,415	65,081
% Change 1975-76 to 1985-86	**-35%**	**+20%**	**-93%**	**-52%**	**+453%[d]**
			Rest of the State[e]		
1975-76	31,799	18,593	46,269	13,585	N.A.
1977-78	30,881	17,016	64,945	14,423	28,172
1980-81	26,668	21,836	34,478	19,719	31,726
1983-84	24,021	23,178	28,289	3,538	68,536
1985-86	21,059	23,768	24,936	3,528	77,084
% Change 1975-76 to 1985-86	**-33%**	**+28%**	**-46%**	**-74%**	**+174%[c]**

[a]Includes Autistic.
[b]Includes Orthopedically Impaired, Health Impaired, and other Physically Handicapped.
[c]Change is from 1977-78.
[d]Change is from 1980-81.
[e]Rest of the State statistics are the calculated difference between New York State's and New York City's statistics.

Source: New York State Education Department, Information Center on Education, 1975-76d, 1977, 1980, 1983, 1985d.

contained. Relatively few children have conditions that warrant instruction outside a school setting. These children may receive their education at home, in a hospital, or in a residential setting.

Table 8 presents trends in the proportion of students in various types of special education programming. While there was a 50 percent reduction in the proportion of children being served outside the school setting in the decade following PL 94-142 (from 8% to 4%), special education students in the schools were more likely to be served in special classes.

Many of the factors that affected overall enrollments also affected these programming changes and appear to explain the apparent conflict between these trends and the mandate to educate children with handicapping conditions in the least restrictive setting. For example, in 1975-76, speech-impaired students represented 48 percent of the total enrollment of children with handicapping conditions. Most of these students were served in regular classrooms. Their reclassification out of special education programs had a clear impact on the profile of the programming students received.

TABLE 8

Students Enrolled in Special Education Programs By Type of Program New York State, New York City, Rest of the State Selected Years 1975-76 Through 1985-86

Year[a]	Program Type: Total	Regular Class[b] With Support	Special Class	Other[c]
		New York State		
1975-76	215,052	54%	38%	8%
1977-78	210,763	51	41	8
1980-81	216,342	42	51	7
1983-84	259,939	45	51	5
1985-86	266,157	43	54	4
% Change 1975-76 to 1985-86	**+24%**	**- 2%**	**+74%**	**-45%**
		New York City		
1975-76	100,968	58%	34%	8%
1977-78	51,380	10	79	11
1980-81	78,944	22	71	7
1983-84	104,239	34	63	3
1985-86	106,363	35	63	2
% Change 1975-76 to 1985-86	**+ 5%**	**-36%**	**+92%**	**-68%**
		Rest of the State		
1975-76	114,084	50%	41%	9%
1977-78	159,383	64	29	7
1980-81	137,398	54	39	6
1983-84	155,700	52	42	6
1985-86	159,794	48	48	5
% Change 1975-76 to 1985-86	**+40%**	**+33%**	**+62%**	**-26%**

[a]As of September in the given school year.
[b]Includes students using Resource Rooms or Related Services (Itinerant Services in 1975-76).
[c]Includes students receiving home instruction, in private schools, in state operated or supported programs, and in other school districts.

Source: New York State Education Department, Information Center on Education, 1975-76d, 1977, 1980, 1983, 1985d.

Gifted

Another group of children with educational needs beyond the regular academic program are those who are intellectually gifted or exceptionally talented. Chapter 53 of the Laws of 1980 directed boards of education to provide screening for all new entrants to school to determine which students may be gifted (or have handicapping conditions).

Specific provisions for gifted and talented students were addressed by the New York State Legislature in 1982. Chapter 740 of the Laws of 1982 recognized the state's responsibility to provide quality education to all students in accordance with their needs and abilities, and that school districts should develop programs to aid and assess gifted students. It authorized the state to provide such things as information and curricula to identify and encourage students, and to provide technical assistance to teachers and administrators. "Giftedness" was defined in the law as:

> *"those pupils who show evidence of high performance capability and exceptional potential in areas such as general intellectual ability, special academic aptitude, and outstanding ability in visual and performing arts" (Chapter 740, Laws of 1982, New Article 90 to Education Law, SS 4451-4453).*

According to Chapter 740, the development, implementation, and characteristics of gifted programming remain optional. However, each school district must submit a plan for the identification and education of gifted students prior to the payment of state funds.

New York State has expanded its financial commitment to its gifted population from $40,000 in 1976 to an estimated $9.8 million in 1985-86 (Council of State Directors Programs for the Gifted, 1984; Executive Budget Briefing Book, 1986-87). As a result, programs for gifted students have proliferated in the past decade to take advantage of the increased availability of gifted funds. As of 1974-75, fewer than 7 percent of New York State's public school districts had administrative guidelines for identifying and encouraging gifted students (Shultze & Williams, 1982). By 1985-86, all but 3 of the 731 districts in New York State were receiving state aid for development or implementation of gifted programs (SED, Gifted Education, 1986).

In 1984, an estimated 106,590, or 4 percent of New York State's public school students, were served in programs for the gifted. Although New York State encourages local school districts to make "every effort" to include gifted students who might be overlooked

because of "economic deprivation, gender, handicapping condition, language, living environment, race/ethnicity, and underachievement," it does not collect data on the characteristics of participants in gifted programs and, consequently, a profile of the gifted population of New York State is unavailable (SED, Education for the Gifted and Talented, 1982).

Limited English Proficient

Children unable to communicate fully with their teachers and classmates may be limited in their pursuit of education. Such students are more likely to do poorly in school and drop out prior to graduation. The provision of special language services to students with limited English proficiency (LEP) emerged as a national concern during the decade between 1965 and 1975. The Bilingual Education Act of 1968 (Title VII of the Elementary and Secondary Education Act) provided the first impetus to LEP programming by authorizing funds for the establishment of model bilingual education programs. Later, decisions by the Office of Civil Rights of the Department of Health, Education, and Welfare and the United States Supreme Court (*Lau vs. Nichols, 1974*) changed LEP programming from an option to a requirement. School districts with LEP students are now mandated to provide special programming that enable these students to participate effectively in educational programs (National Coalition of Advocates for Students, 1985).

Limited English proficient programs are of particular importance in New York State because of its large population of people who speak a language other than English at home. In 1980, over 17 percent (612,561) of all New York State school-age children (5 to 17 years old) spoke a language other than English at home (U.S. Department of Commerce, Bureau of the Census [Census Bureau], 1981). Although all students from non-English speaking households are not necessarily limited in their ability to use English, these children are at greater risk of experiencing difficulty in reading and understanding English than their native English speaking classmates, and are more likely to benefit from special linguistic programming (National Commission on Secondary Education for Hispanics, 1984).

Children may qualify for participation in LEP programs through standardized evaluations of their ability to speak, read, and write English. Those failing to score above the statewide reference point must receive remediation. In 1985-86, state-funded LEP instruction was provided for 129,985 students in New York State — approximately 5 percent of the public school population that year. Although a detailed count by native language was not available for LEP students in 1985-86, ninety languages were represented among the 1983-84 LEP students, with six languages accounting for 89 percent of those whose native language was not English: Spanish, 69 percent; Chinese, 9 percent; Haitian-Creole, 5 percent; and Italian, Vietnamese, and Korean, 2 percent (Freeborne, 1984).

Two types of LEP programming are available in New York State schools. A full bilingual program includes an English-as-a-Second-Language (ESL) component; instruction in math, science, and social studies in a child's native language; instruction to reinforce the child's native language skills; and presentation of materials that are sensitive to, and where appropriate, reflect the culture of the children in the program. The ESL method offers intensive English instruction and provides content area instruction in English. Which method of LEP programming is the best is at the center of continued debate. Advocates of bilingual instruction argue that native language instruction in certain core courses is needed to keep students from falling behind while learning English and that it is beneficial to the individual and to society to maintain the ability to speak more than one language. Opponents maintain that the bilingual approach delays the learning of English and encourages dependency on the native language. Both programs seek to improve academic achievement and reduce dropout rates (Maeroff, 1985; U.S. General Accounting Office, 1987).

In New York State, the type of LEP programming provided depends on such factors as the funding source, residence within the state, and concentration of local need. For example, school districts receiving Part 154 LEP aid (weighted state aid for LEP services) are required to provide a bilingual program if 20 or more LEP students who speak the same language are in the same grade in the same school building. Schools in these districts with a lower concentration of LEP students must, at minimum, provide qualifying students with instruction in ESL. However, under the mandates of the ASPIRA consent decree, Hispanic LEP students in New York City must receive a full bilingual program, regardless of concentration of local need. In all, funding and regulations for LEP programs come from seven different sources.

There is some evidence, however, that some students who are entitled to services do not receive them. According to a 1985 report on language-minority students in New York City public schools, only 62 percent of the 113,831 identified LEP students received some form of LEP instruction. "*Furthermore, only 30 percent of entitled students receive the full bilingual instructional program that is prescribed by law*" (Willner, 1985).

Although a shortage of licensed bilingual and ESL teachers is not a legitimate reason to deny students the instruction to which they are entitled, the fact remains that there are not enough qualified teachers to meet the demand for services. As of 1985, there were enough bilingual teachers in New York City to provide full bilingual services to only 57 percent of elementary school LEP students, 24 percent of entitled LEP students in science, 18 percent in math, and 46 percent in social studies (Willner, 1985).

STUDENT PERFORMANCE

Schools are the context in which students acquire, among other things, minimum academic skills to manage their lives. Two important measures of student performance are: scores on standardized tests of achievement, and grade-level attainment prior to leav-

ing school. Both gauge school performance and allow an assessment of trends and comparisons of different student populations. Yet, the limitations of both measures must be recognized. Tests measure only a portion of the intended outcomes of instruction. Cultural bias in tests can also skew results for certain student populations. Further, many factors beyond the domain of school affect student achievement and the decision to remain in school. Students have a wide range of capabilities, values, and attitudes toward learning. In addition, children living in stressful conditions (e.g., in poverty or with responsibilities beyond their years) may be distracted from their educational tasks.

Achievement

Pupil Evaluation Program In the elementary grades, Pupil Evaluation Program (PEP) tests offer the best standardized measure of student achievement. Students are tested in reading and mathematics in the third and sixth grades and in writing in the fifth grade. Students demonstrate attainment of basic competencies by scoring above the statewide reference point (SRP).[11] Those students scoring below this standard receive mandated remediation.

Due to major revisions in the purpose, content, and timing of the PEP examinations in 1983, pre-1983 test results cannot be compared with post-1983 results. Table 9 presents the percent of students scoring above state reference points on PEP tests in 1985. Approximately one-fifth of the third-and sixth-grade students taking PEP tests in 1985 were unable to meet the state's minimum standards of competency in reading and mathematics. Among fifth-grade students taking the writing test, 16 percent scored below the SRP.

The percent of third-grade students scoring above the SRP rose steadily in the 1970s. In 1970-71, 76 percent of the third-grade students taking the reading test and 81 percent taking the mathematics test scored above the SRP. By 1980-81, 88 percent met state competency requirements in both subject areas (Appendix Table 6.13). Progress among sixth-grade students was uneven and less dramatic (SED, Division of Educational Testing, 1983).

Students educated in large cities, particularly New York City, were less likely to score above the SRP than those educated in less densely populated areas of the state. Table 9 shows that the greatest discrepancies were in reading and mathematics, where proportions of students scoring above the SRP varied by up to 34 points depending on location. In 1985, nearly half of the third- and sixth-grade public students in New York City were unable to score above the SRP in both reading and mathematics (Figure VI). In other large New York State cities, the proportion of students scoring above the SRP in these subject areas tended to rise as the size of the city declined. In rural districts, satisfactory achievement was generally attained by nearly 90 percent of all students taking the reading and mathematics test.

There was also a discrepancy between the proportion of public and nonpublic school students who scored above the SRPs. A higher proportion of nonpublic than

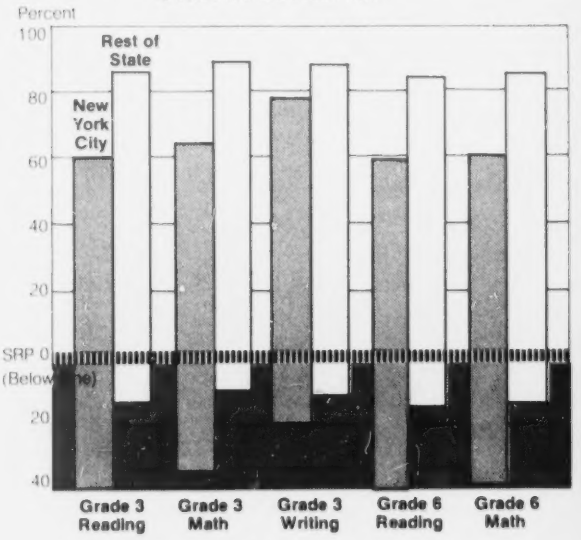
TABLE 9
Percentages of Students Scoring Above State Reference Points on Pupil Evaluation Program Tests[a] Spring 1985

Type of School	Third-Grade		Fifth-Grade	Sixth-Grade	
	Reading	Math	Writing	Reading	Math
Total Public	**74%**	**78%**	**83%**	**73%**	**74%**
New York City	54	59	76	53	54
Large Cities	69	77	78	67	72
Small Cities	82	87	85	80	81
Village-Suburban	88	91	89	86	88
Rural	88	90	87	86	86
Total Nonpublic	**84%**	**84%**	**88%**	**84%**	**82%**
New York City	79	79	85	81	78
Other	90	89	91	89	88
Combined Total	**76%**	**79%**	**84%**	**75%**	**76%**

[a]Includes the results of handicapped children.

Source: New York State Education Department, Division of Educational Testing, 1986.

Figure VI **Students' PEP Test Scores**
% above and below SRP, 1985



Source: Appendix Table 6.14.

[11]The SRP is set by the State Education Department and is the lowest PEP score that would signify that a student is making normal progress in developing the basic skills measured by the PEP test.

public school students consistently met minimum competency requirements.

A special study was conducted in 1983 to compare New York State PEP test scores with any one of three national standardized tests: the California Achievement Tests, the Iowa Tests of Basic Skills, and the Metropolitan Achievement Tests. Compared with the achievements of students nationwide, New York State student achievement in reading and mathematics improved significantly between 1973 and 1983. In 1973, New York State students were typical of students nationwide in sixth-grade reading and mathematics and in third-grade mathematics. In third-grade reading, New York students ranked lower (40th percentile) than the national average. By 1983, however, the average New York State student ranked above the average student nationwide in all four categories (SED, Division of Educational Testing, 1984a).

Regents Testing Program At the secondary level, student competency is assessed through the New York State Regents Testing Program. Two types of measures are used: Regents competency tests and Regents examinations. Regents competency tests assess proficiency in reading, writing, and mathematics. All students in New York State must demonstrate competency in these basic skills in addition to passing required courses to obtain a high school diploma. The mathematics test is given initially in the ninth grade and the reading and writing tests are given initialiy in the eleventh grade. Competency tests can be repeated by students subsequent to remedial assistance. Among students taking the exams for the first time in 1985, the percentage of students passing was highest in reading (91%), followed by writing (82%), and mathematics (69%). Only 0.5 percent of students failed to graduate in 1984 solely because they failed to meet the competency testing requirements (SED, Division of Educational Testing, 1986). With enactment of the Regents Action Plan, competency tests will also be administered in social studies and science.

Regents examinations are achievement tests given for courses of study in business, mathematics, English, foreign languages, science, and social studies. Passing grades on the Regents examinations are needed in English, social studies, and major sequence subjects prior to attainment of a Regents diploma. In addition, the passing of certain Regents examinations will satisfy the competency testing requirements in reading, writing, and mathematics for a local high school diploma. At least half of the students in senior high school take Regents exams and a high percentage pass. Success rates on the June 1985 exams ranged from 73 percent to 94 percent (SED, Division of Educational Testing, 1986).

National Achievement Tests/Awards Scholastic Aptitude Test (SAT) scores provide a nationally comparable measure of achievement among college-bound seniors. Between 1972 and 1982, average scores on the SAT verbal and mathematics tests by students from New York State equaled or exceeded national averages in all but two years. Yet, total SAT scores in New York State dropped from 955 in 1972 to 888 in 1983. Despite improved scores in both 1984 and 1985, New York State averages fell below the national averages in 1983, 1984, and 1985 (Appendix Table 6.15).

No one factor can account for the declines in SAT scores. While assumptions of declining student intelligence and educational quality are possible components, they are not sufficient explanations. Average scores are dependent on the number and diversity of students electing to take the exam. The broader the base population, the more representative the measure. In 1985, the percentage of seniors taking the SATs in New York State was higher than the national norm (63% vs. 53%). Only three states had higher percentages of seniors taking the SATs (SED, Division of Educational Testing, 1984b, 1986; United States Department of Education, Office of Planning, Budget, and Evaluation, 1987.)

College Board Achievement Tests provide another set of achievement data for comparisons of college-bound seniors in New York State with those across the nation. New York State seniors consistently score above the national average on every subject area achievement test. In 1985, the score differentials ranged from 37 points above the national average in biology to 7 points above in English composition (SED, Division of Educational Testing, 1986).

New York State high school students also excel in National Awards programs. Although New York State graduates in 1985 comprised less than 8 percent of all United States high school graduates, 30 percent of all Westinghouse Search Winners were from New York State. Similarly, the proportion of candidates for Advanced Placement programs and students commended by the National Merit Scholarship Program from New York State were approximately double the expected proportions (Appendix Table 6.16).

Attainment

Normative Grade for Age An indicator of a student's progress in school is the grade level attained in comparison to other classmates of the same age. The relationship between selected student characteristics and their attainment of the normative grade for their age was the object of an original analysis by the Council on Children and Families (Council).[12] Using data from the 1980 census for New York State (Census Bureau, 1983), the Council found that 89 percent of children in New York State were in the grade that was appropriate for their age group. Approximately 8 percent were below the most common grade level for their age and 3 percent were above the expected

[12]Generally, the normative age for a child in any grade can span three years. For example, a child in the first grade will usually be 5, 6, or 7 years of age, depending on the child's date of birth. Data for this analysis, however, were collected in April 1980. Thus, children in the youngest of the three normative age groups were not considered to be in the appropriate grade for their age.

grade level. The analysis included children who left school prematurely (dropouts or accelerated) as well as those still attending school.

The proportion of children in the normative grade for their age, however, varied according to racial/ethnic, economic, and family characteristics of the child. Table 10 arrays the percentage of school-age children, categorized by a number of characteristics, in their normative grade level. Black and Hispanic students were below their grade for age more frequently than those of other races/ethnicities. Students with limited English ability and those below the poverty line were also often below their grade for age. Those who were living alone or heading a household had the lowest percent in the normative grade for their age.

Dropouts A child's future economic well-being is largely dependent upon his or her completion of high school. According to national statistics, high school dropouts experience higher unemployment rates and lower earnings than high school graduates (NCES, 1983-84). Consequently, dropouts are also more likely to fall below the poverty level than graduates. Depending on the years of education completed, adults who fail to graduate from high school are two to three times more likely to be poor than those who graduate (NCES, 1984).

Nearly one-third of all New York State students entering high school fail to graduate (SED, Information Center on Education, 1986d).[13] Moreover, there are dramatic differences in the dropout rates between the regions and among the various ethnic groups. According to estimates produced by the New York State Education Department, annual dropout rates in New York City are three times higher than those in

[13]Calculating dropout rates for students in New York State is a difficult and imprecise process. The most accurate method, cohort survival or tracking each individual student, is impractical. Alternative methods result in "reasonable" estimates. They include the comparisons of class enrollments in grades 9 through 12 and the division of the total number of dropouts in grades 9 through 12 by total enrollment in these grades for any given year. The former method of estimating comes closest to measuring attrition for any one class over a four-year period. The latter method, used most frequently by SED, represents a total high school rate for a single year only. Neither method accounts for enrollment changes due to migration or high school completion by means of a graduate equivalency diploma (GED).

TABLE 10

Percentage of School-Age Children in Normative Grade Level for Age By Selected Characteristics[a] New York State 1980

Characteristics	Grade Level				
	2+ Grades Below	1 Grade Below	Normative Grade	1 Grade Above	2+ Grade Above
Total	**2%**	**6%**	**89%**	**3%**	**0%[b]**
Race/Ethnicity					
White	1	4	91	3	0[b]
Black	3	8	82	6	1
Hispanic	4	9	82	4	1
Other	3	6	86	5	1
Parent's English					
Speaks Well	2	5	89	3	0[b]
Speaks Poorly	5	11	79	4	1
Child's English					
Speaks Well	2	6	89	3	0[b]
Speaks Poorly	8	10	76	5	1
Poverty Status					
1.50% Above Poverty	1	4	91	3	0[b]
1.00 to 1.49% above Poverty	3	8	85	4	1
Below Poverty Level	4	11	80	4	1
Household Type					
Lives Alone	20	16	47	15	2
Child is Householder or Spouse	29	16	48	5	2
Child in a Married Couple Family	2	5	90	3	0[b]
Child in Family Headed by Single Parent	3	9	83	4	1

[a]Percentages may not sum to 100 due to rounding.
[b]Less than 0.5 percent.

the rest of the state (SED, Information Center on Education, 1982-83b). Associated with this disparity is a disproportionately high rate of school failure among minority students. Table 11 and Figure VII show that for the class of 1985, estimated dropout rates for Hispanics (60%), blacks (54%), and Native Americans (36%) were at least two times those of whites (21%).

Students drop out of school for a variety of reasons including academic failure, boredom or lack of motivation, feelings of alienation, personal or home problems, behavior problems, and language problems (New York City Board of Education, 1979). Although data are not available on the state level, a profile of students who drop out has been constructed from results of a national longitudinal survey. Findings from the National Center for Educational Statistics' High School and Beyond study show that dropouts are disproportionately male, in a household with low socioeconomic status, and in a vocational program. In addition, these students tend to live in an urban area, attend a public school, and achieve low grades (NCES, 1983).

Reasons for leaving high school before graduation vary by sex and race/ethnicity. Dissatisfaction with school and poor grades are the two most frequently cited reasons among white male dropouts (46% and 38%, respectively). White females leave school primarily for marriage reasons (36%) followed by a general dissatisfaction with school (34%). Minority students of both

TABLE 11

Dropout Rates by Race/Ethnicity for the Class of 1985
From Grade 9 (Fall 1981) through Graduation (June 1985)
Public and Nonpublic Schools
New York State

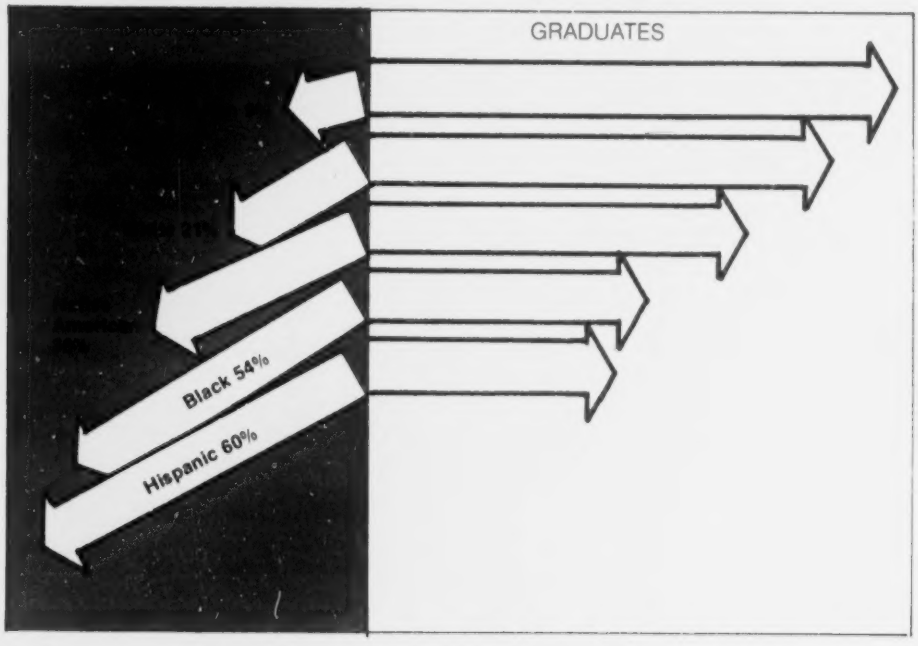
		Race/Ethnicity				
Year/Grade	Total	White[a]	Black[a]	Hispanic	Asian[b]	Native American[c]
Fall 1981 - Grade 9						
Number	290,403	194,127	55,022	35,028	5,627	599
% Distribution	100%	67%	19%	12%	2%	0%[d]
Fall 1982 - Grade 10						
Number	277,553	187,124	51,990	31,460	6,490	489
% Distribution	100	67	19	11	2	0[d]
% Dropout since Grade 9	4	4	6	10	0[e]	18
Fall 1983 - Grade 11						
Number	237,538	171,560	37,842	21,880	5,815	441
% Distribution	100	72	16	9	3	0[d]
% Dropout since Grade 9	18	12	31	38	0[e]	26
Fall 1984 - Grade 12						
Number	209,066	161,967	26,497	14,760	5,433	409
% Distribution	100	77	13	7	3	0[d]
% Dropout since Grade 9	28	17	52	58	3	32
1985 Graduates[f]						
Number	197,567	153,059	25,040	13,948	5,134	386
% Distribution	100	77	13	7	3	0[d]
% Dropout since Grade 9	32	21	54	60	9	36

[a]Non-Hispanic.
[b]Includes Pacific Islander.
[c]Includes Alaskan Natives.
[d]Less than 0.5 percent.
[e]Enrollment increased.
[f]Of the 209,066 12th grade students in Fall 1984, 197,595 graduated as of June 1985 (94.5%). Graduates by racial/ethnic group were estimated by applying that percent of the 12th grade enrollment for each group.

Note: Data in this table do not represent actual high school completion rates of 9th grade students since the effects of student migration (transfers in and transfers out) have not been accounted for. However, the data may be indicative of the relative completion rates for the subgroups shown.

Source: New York State Education Department, Information Center on Education, 1986c.

Figure VII **Dropout Rates by Racial/Ethnic Group**
during four years of high school (public and nonpublic), class of 1985



Source: Table 11

sexes cite poor grades as the key motivation for leaving school prior to graduation (31% of the male and 30% of the female dropouts). Economic reasons are the next most prevalent for minority males. Twenty-four percent of the minority males who drop out leave school for work — 22 percent need to support their families. Pregnancy (19%) is a major factor among minority females (NCES, 1983).

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HIGHLIGHTS

- *The number of reported cases of abuse and maltreatment has increased yearly. In 1975, 36,666 reports involving 72,195 children were received by the New York State Central Register. In 1985, 84,119 reports, involving a total of 139,032 children, were recorded in New York State.*
- *Reports of maltreatment are far more prevalent than abuse. Ninety percent of the reports received by the New York State Central Register in 1985 were for suspected cases of maltreatment.*
- *The rate of child abuse and maltreatment reports (per 1,000 children) in New York City was higher in 1985 than the rest of the state. A total of 37,464 reports, or 45 percent of the statewide total, were received from New York City in 1985. This resulted in a rate of 21 reports per 1,000 children compared with 16 reports per 1,000 children in the rest of the state.*
- *Forty-four percent of the reports of alleged child abuse and neglect in New York State received in 1985 were from mandated reporters.*
- *There has been a drop in the percentage of abuse and maltreatment reports that were indicated in New York State (the investigation determined that credible evidence of abuse and maltreatment existed), from 40 percent indicated in 1980 to 37 percent indicated in 1985.*
- *In 1985, 84 percent of the perpetrators in indicated cases of abuse and maltreatment cases in New York State were parents and 60 percent were women.*
- *In New York State, in 1985, the Department of Social Services reported 6,963 allegations of child sexual abuse involving 8,345 children. This represents 4 percent of all allegations of child abuse and maltreatment during that year.*
- *Youth ages 12 through 19 are much more likely to be victimized by personal crimes (e.g., rape, robbery, larceny) than adults. For example, in 1985 in New York State, youth 12 through 19 years old were twice as likely to be victimized by crimes of violence than persons over 20 years of age.*

CHAPTER 7

The Victimization of Children

"As parents and caring adults, our natural instinct is to protect our young... to keep them safe, well, and free from harm. But many of America's children have become victims of our society's inability to guarantee them protection, justice, and opportunity. There are children in this country who are being hurt by others. Children who are abused or neglected may not create immediately threatening problems for the community during their early years. They may suffer silently throughout a torturous childhood or they may be identified as "problem children" by schools, courts, and social agencies. Lacking trust in their own parents to protect them, many children never develop trust in their environment. Later, many will victimize their own families and become a threat to the personal safety of others in the community. Without greater investment by adults, many of these children will not develop into productive, healthy adults. They will continue to hurt and to be hurt."

Petit and Overcash
1983

There is probably no picture that evokes more intense feelings of sympathy, concern, frustration, and anger than a picture of a child who has been abused or neglected. Yet, 1,727,000 documented reports of abuse and neglect of children were received nationally during 1985 (American Humane Association, 1986). In New York State, during that same year, 84,119 reports of child abuse and maltreatment were received involving 139,032 children (New York State Department of Social Services [DSS], 1986). In addition, 236 children were victims of homicides in New York State during 1985 and thousands more were victims of other crimes.

In this chapter, data will be presented on the victimization of children. The chapter is divided into three main sections: Child Abuse and Neglect in Families, Child Abuse and Maltreatment in Non-Familial Settings, and Children as Victims of Other Crimes.

CHILD ABUSE AND NEGLECT IN FAMILIES

Child abuse and neglect and other kinds of family violence are not limited to one particular group of people. Incidents of abuse and neglect of children are found at all socioeconomic levels, among all ethnic groups, and in families of various religious affiliations (Westat, 1981). The incidents most often occur in the children's own home and are committed by someone they know. In New York State in 1985, over 80 percent of the indicated cases of abuse or maltreatment (that is, cases where credible evidence has been established through an investigatory process) listed a parent as the perpetrator of the incident (DSS, 1985).

Social scientists who have studied abusive and neglectful parents have identified a number of factors that contribute to child abuse and neglect (Kempe & Kempe, 1978; Mayor's Task Force on Child Abuse and Neglect, 1987). Family factors include substance abuse; a history of family violence; and high levels of family stress caused by the presence of mental illness, marital discord, and other problems. Social and economic factors include inadequate support systems, unemployment or underemployment, and lack of social services.

The long-term social and psychological effects on children who have been victims of abuse and neglect are difficult to determine. Research suggests, however, that parents who were abused and neglected as children are at higher risk of abusing and neglecting their children (Gelles, 1980; Goldstein, et al., 1985; Justice & Justice, 1976; Spinetta & Rigler, 1972). In addition, disproportionate numbers of runaway and homeless youth, youth in residential placement in the juvenile justice system, and adults incarcerated in the criminal justice system have histories of abuse and maltreatment as children (Duncan, et al., 1958; Eason & Steinhilber, 1961; Fontana & Besharov, 1977; Goldstein, et al., 1985).

There are several inherent problems in interpreting child abuse and maltreatment statistics. One problem is that a number of incidents of abuse and maltreatment are not reported. Another problem is the fact that multiple reports can be made on a single incident, which, if accepted by the New York State Central Register

BOX A
Definitions of Child Abuse, Maltreatment, and Neglect

Three terms are generally used in relation to violent or passive actions by a person legally responsible for a child: abuse, maltreatment, and neglect. Because these terms are often used interchangeably, confusion has been created for both professionals and lay people (Goldstein, et al., 1985). In New York State, the terms abuse, neglect, and maltreatment are defined in statute. Article 10 of the New York State Family Court Act defines abuse and neglect for civil judicial proceedings, and Section 412 of the Social Services Law contains a definition of abuse (identical to the Article 10 definition) and maltreatment for program and service provision purposes.

While the term maltreatment is often used by professionals and the general public as a broad concept that describes both abuse and neglect, the legal definition of the term is somewhat different. The Social Services Law definition for maltreatment encompasses the Family Court Act definition of neglect; however, it is somewhat more flexible and broader in scope. Maltreatment is used by the Department of Social Services to cover all acts or omissions that do not seriously impair a child but put that child in imminent danger of becoming impaired. With a finding of maltreatment, social services staff may implement a services plan for the family to help alleviate the problems experienced within the family. Therefore, the finding of maltreatment gives DSS the ability to provide services to distressed families even when the legal evidence is not sufficient for a court finding of abuse or neglect.

Definition of Abuse Section 1012(e) of the Family Court Act defines an abused child as a child less than eighteen years of age whose parent or other person legally responsible for his or her care:

(i) inflicts or allows to be inflicted upon such child physical injury by other than accidental means which causes or creates a substantial risk of death, or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ; or

(ii) creates or allows to be created a substantial risk of physical injury to such a child by other than accidental means which would be likely to cause death or serious or protracted disfigurement, or protracted impairment of physical or emotional health, or protracted loss or impairment of the function of any bodily organ; or

(iii) commits, or allows to be committed, a sex offense against such a child, as defined in the penal law; or allows such child to engage in acts or conduct described in penal law (NYS Penal Law, Articles 263 230.25, 230.30, 230.32, 255.25). (These acts are: using a child in a sexual performance, and promoting a sexual performance by a child.)

Definition of Neglect Section 1012(f) of the Family Court Act defines a neglected child as a child less than eighteen years of age:

(i) whose physical, mental, or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of his parent or other person legally responsible for his care to exercise a minimum degree of care:

(A) in supplying the child with adequate food, clothing, shelter, or education in accordance with provisions of part one of article sixty-five of the education law or medical, dental, optometrical, or surgical care, though financially able to do so or offered financial or other reasonable means to do so; or

(B) in providing the child with proper supervision or guardianship, by unreasonably inflicting, or allowing to be inflicted harm or a substantial risk thereof, including the infliction of excess corporal punishment; or by using a drug or drugs; or by using alcoholic beverages to the extent that he loses self-control of his actions; or by any other acts of a similarly serious nature requiring the aid of the court; or

(ii) who has been abandoned by his parents or other person legally responsible for his care.

The circumstances which constitute impairment of mental or emotional condition, more commonly referred to as emotional neglect, are also defined as follows:

"Impairment of emotional health" and "impairment of mental or emotional condition" includes a state of substantially diminished psychological or intellectual functioning in relation to, but not limited to such factors as failure to thrive, control of aggression or self-

destructive impulses, ability to think and reason, or acting out and misbehavior, including incorrigibility, ungovernability, or habitual truancy, provided, however, that such impairment must be clearly attributable to the unwillingness or inability of the respondent to exercise a minimum degree of care toward the child (NYS Family Court Act, Section 1012 (h))

Definition of Maltreatment Social Services Law, Sec. 412 states that a maltreated child includes a child under eighteen years of age (a) defined as a neglected child by the Family Court Act, or (b) who has had serious physical injury inflicted upon him or her by other than accidental means. As discussed above, the second part of this definition does not require a court finding in order for local departments of social services to provide needed services to the child or family.

Note: The terms abuse, maltreatment, and neglect refer only to actions taken against a child by a person legally responsible for that child (that is, a parent or caretaker or, in the case of institutional abuse and maltreatment, an employee or volunteer of the institution responsible for care of the child). Such actions committed by a person who is not legally responsible for the child are handled as criminal offenses.

for Child Abuse and Maltreatment, become a case. Because each report or case of child abuse or maltreatment may involve more than one child, the number of children is not equal to the number of reports or cases. In this chapter, whenever possible, statistics are reported according to the number of children involved in a report of child abuse and maltreatment or in a case investigated by a child protective services unit in order to provide as accurate a picture as possible of the extent to which children are involved in abuse and maltreatment.

In addition, the legal definitions of abuse, neglect, and maltreatment utilized in New York State are adhered to throughout this chapter (see Box A). As a result, the terms abuse and maltreatment are used when discussing the receipt of reports and the investigations of cases of abuse and maltreatment by the Department of Social Services and child protective services workers. However, when discussing petitions to and actions taken by family court, the terms abuse and neglect are used.

The following discussions and the presentation of related data refer only to familial abuse, neglect, and maltreatment. A discussion of the abuse and maltreatment of children in institutional settings is found in a separate section of this chapter, Child Abuse and Maltreatment in Non-Familial Settings.

Reporting Child Abuse and Maltreatment

Since incidents of abuse and maltreatment of children usually take place within a family environment, they are often not reported for a variety of reasons (Alfaro, 1984; Durkin, 1982; Fontana, 1974; Fontana & Besharov, 1977). Some people aware of an abuse or maltreatment situation do not report it because they do not know how or to whom to report the incident or they think that nothing will be done. In some instances, people try to handle the situation on their own by taking over care of the children or confronting the perpetrator. Others, concerned about the perpetrator going to jail or the children being sent to a foster home or institution, do nothing. Still others are unable to recognize abuse or maltreatment, or fail to make a report because they are unwilling to get involved or are concerned about anonymity.

Even those people mandated by law to make a report (see Box B, Mandated Reporters) may fail to do so because they are not clear about their responsibilities or because they do not believe the solution to

BOX B
Mandated Reporters

The following persons and officials are required under Social Services Law, Section 413, to report when they have reasonable cause to suspect that a child has been abused or maltreated:

- Physicians
- Peace Officers
- Surgeons
- School Officials
- Medical Examiners
- Residents
- Coroners
- Interns
- Police Officers
- Registered Nurses
- Dentists
- Hospital Personnel engaged in admission, examination, care or treatment
- Osteopaths
- Optometrists
- Christian Science Practitioners
- Chiropractors
- Day Care Center Workers
- Podiatrists
- Foster Care Workers
- Social Services Workers
- Mental Health Professionals
- Any Other Child Care Workers
- Psychologists
- Law Enforcement Officials
- Volunteers in Residential Care Facilites

For further information on the rights and responsibilities of mandated reporters, see Child Protective Services - Mandated Reporter Manual; New York State Department of Social Services; Fall 1984.

TABLE 1
Abuse and Maltreatment Reports Registered
And Number of Children Involved
New York State, New York City, Rest of the State
1975, 1980, 1985

Year	Total		Abuse				Maltreatment			
	Reports Registered	No. of Children Involved	Reports Registered	% of Total Reports	No. of Children Involved	% of Children Involved	Reports Registered	% of Total Reports	No. of Children Involved	% of Children Involved
New York State										
1975	36,666	72,195	6,603	18%	8,539	12%	30,063	82%	63,656	88%
1980	55,937	97,483	7,478	13	8,945	9	48,459	87	88,538	91
1985	84,119	139,032	8,556	10	10,088	7	75,563	90	128,944	93
New York City										
1975	14,275	25,907	3,560	26%	4,594	18%	10,625	74%	21,313	82%
1980	19,341	32,078	4,760	25	5,709	18	14,581	75	26,369	82
1985	37,464	61,306	3,647	10	4,144	7	33,817	90	57,162	93
Rest of the State										
1975	22,391	42,288	2,953	13%	3,945	9%	19,438	87%	38,343	91%
1980	36,596	62,405	2,718	7	3,236	5	33,878	93	62,169	95
1985	46,655	77,726	4,909	10	5,944	8	41,746	90	71,782	92

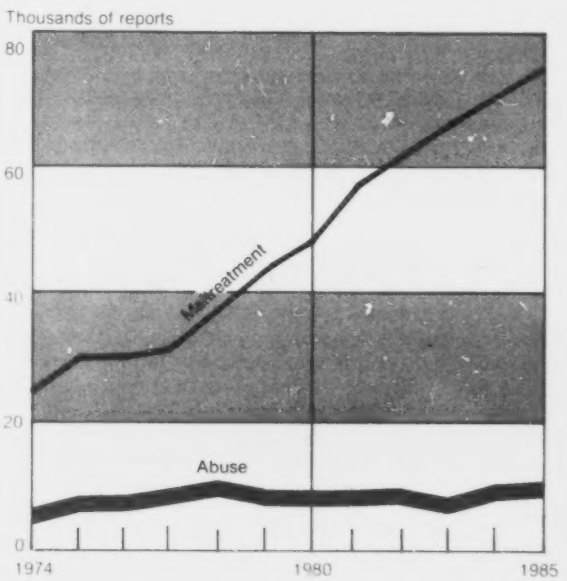
Source: New York State Department of Social Services, 1976, 1981, 1986

the family's problem is through the child protective services system. The National Incidence Study, a national report on child abuse and neglect, found that only one-third of the children identified as abused or neglected by mandated reporters were reported to child protective services (Westat, 1981).

Despite the fact that a large number of cases of abuse and maltreatment may go unreported (Westat, 1981), data shown in Figure I (and Appendix Table 7.1) indicate that in New York State the number of reported cases has grown each year. As is documented in Table 1, in New York State during 1975, 36,666 reports were received involving 72,195 children. In 1985, however, 84,119 reports were received involving a total of 139,032 children. These 1985 reports represent a 129 percent increase over 1975.[1] The New York State figures are similar to national statistics in which a 123 percent increase was noted between 1976 and 1982 (American Humane Association, 1986). It is impossible to determine whether the increase in reports of child abuse and maltreatment is due to an increase in incidents of abuse and maltreatment or whether efforts to improve reporting (e.g., increasing the number of mandated reporters) have been successful (American Humane Association, 1986). However, some general trends appear evident.

As in previous years, the data for 1985 showed that maltreatment reports were far more prevalent than abuse (DSS, 1986). Ninety percent of the reports received by the State Central Register in 1985 were for suspected cases of maltreatment, a slight increase over 1984. In fact, reports of suspected maltreatment have risen yearly since 1974 (the inception of the State Central Register). Reports of suspected abuse, how-

Figure I **Abuse and Maltreatment Reports Registered**



Source: Appendix Table 7.1

[1]In addition to child abuse and maltreatment reports, the State Central Register also receives a large number of calls (approximately 100,000 annually) which do not become child abuse or maltreatment reports. In some instances, the State Central Register worker determines that the reported incident did not constitute abuse or maltreatment, while in other cases the calls involve individuals looking for information on other types of services not related to child abuse and maltreatment.

ever, peaked in 1978 at 8,832. Since then, the number of reports decreased until 1984 when they increased to 8,913 cases.

The rate of reports (per 1,000 children) registered in 1985 was higher in New York City than the rest of the state.[2] A total of 37,464 reports, or 45 percent of the statewide total, were received from New York City in 1985. This resulted in a rate of 21 reports per 1,000 children, compared with 16 for the rest of the state (DSS, 1986).

A large percentage (44%) of alleged child abuse and maltreatment reports received in 1985 were from mandated sources (see Appendix Table 7.2). Of these, hospital staff and school staff accounted for approximately 20 percent of all reports received. Among the non-mandated reporters, relatives accounted for 17 percent of all reports, neighbors for 5 percent, other individuals or friends for 27 percent, and anonymous reports for 7 percent of all reports. In New York City, 51 percent of the reports came from mandated reporters, while in the rest of the state 39 percent of the reports came from mandated reporters.

Investigating Child Abuse and Maltreatment

Once a child abuse or maltreatment report has been filed with the State Central Register (see Box C), the local social services district's child protective services unit is notified of the report and the investigation process begins. Within 24 hours of the report being filed, an investigation must be initiated. The investigation must include an evaluation of the environment of the child named in the report and the name, age, and conditions of the other children in the house.

If the investigator decides that the situation presents an imminent danger to the child's life or health, the child may be immediately removed from the home. In cases where there is an immediate need for services (e.g., counseling, welfare benefits, case management), these services are arranged for or provided while the investigation continues. After the investigation is completed, the findings are reported back to the State Central Register so that it can maintain a complete report on each incident.

Upon completion of the child protective services investigation, a report of child abuse/maltreatment is labeled as "indicated" if some credible evidence of abuse or maltreatment is identified, or "unfounded" if no such evidence can be identified. This determination must be made within 90 days of the initial report. When a case is "unfounded" all further investigation is stopped and any record of the case or identifying information is deleted from the State Central Register and the files of the local social services district. In these cases, referrals for services are made for those families who are in need of assistance in resolving problems they may be experiencing.

As part of the investigation process, the family's problems are assessed (e.g., health problems, substance and alcohol abuse, the child's behavior problems, financial problems) and a service plan is developed (DSS, 1984). There are several options available to child protective services units in implementing a service plan. These include providing services directly, referring to other units within their local social services district (i.e., preventive services) or to other agencies, purchasing services from other agencies, removing the child from the home and placing him or her in foster care, recommending that the perpetrator(s) remain away from the home, filing a petition with family court, or criminally prosecuting the perpetrator. Actions related to separating the family, petitioning the case to family court, or criminally prosecuting the perpetrator(s) are taken only in the most severe cases and in cases when the family refuses the services offered to them.

During 1985, 13,418 cases of abuse and maltreatment of children were indicated in New York State.[3] Included among these cases were 5,332 cases (40%) that were indicated in New York City and 8,071 cases (60%) that were indicated in the rest of the state.

BOX C

New York State Central Register for Child Abuse and Maltreatment

The New York State Department of Social Services maintains and operates the State Central Register for Child Abuse and Maltreatment (State Central Register) with a toll-free hotline for reporting suspected instances of child abuse or maltreatment. The Child Abuse and Maltreatment Hotline phone number is 1-800-342-3720. Created by legislation in 1974, the State Central Register permits systematic responses to reported cases of abuse or maltreatment in both familial and institutional settings.

The Department of Social Services is responsible for supervising local child protective services programs located in New York City and each county outside of New York City. The local child protective services units are responsible for investigating all reports of suspected familial abuse or maltreatment received by the State Central Register. Child protective services units are not allowed to accept reports and will refer anyone wishing to make a report to the State Central Register located in Albany. Both the initial reports and the determination made as a result of the investigation are recorded by the State Central Register.

[2]While New York City had a higher rate of reports than the rest of the state as a whole, 17 upstate counties had higher rates than New York City.

[3]These indicated cases were based on 36,264 case determinations by the time State Central Register annual statistics were produced. These 36,264 case determinations were 56 percent of the total 64,827 cases opened during 1985. Because all cases do not have determinations made by the time the annual statistics are produced, caution should be used when comparing the numbers of indicated cases over several years.

TABLE 2
Determination Status for Cases of Child Abuse and Maltreatment
By Reporting Source
New York State, New York City, Rest of the State
1980, 1985

Reporting Source	1980 Cases						1985 Cases					
	Indicated		Unfounded		Total		Indicated		Unfounded		Total	
	N[a]	%	N[a]	%	N[a]	%	N[a]	%	N[a]	%	N[a]	%
New York State												
All Reporters	**15,757**	**40%**	**23,658**	**60%**	**39,415**	**100%**	**13,418[b]**	**37%**	**22,846[b]**	**63%**	**36,264[b]**	**100%**
Mandated Reporters	7,906	54	6,676	46	14,582	100	7,739	50	7,617	50	15,356	100
Non-Mandated Reporters	7,851	32	16,982	68	24,833	100	5,666	27	15,242	73	20,908	100
New York City												
All Reporters	**6,276**	**44%**	**8,162**	**56%**	**14,438**	**100%**	**5,332**	**42%**	**7,333**	**58%**	**12,665**	**100%**
Mandated Reporters	3,266	54	2,814	46	6,080	100	3,481	54	2,942	46	6,423	100
Non-Mandated Reporters	3,010	36	5,348	64	8,358	100	1,854	30	4,388	70	6,242	100
Rest of the State												
All Reporters	**9,481**	**38%**	**15,496**	**62%**	**24,977**	**100%**	**8,071**	**34%**	**15,528**	**66%**	**23,599**	**100%**
Mandated Reporters	4,640	55	3,862	45	8,502	100	4,261	48	4,672	52	8,933	100
Non-Mandated Reporters	4,841	29	11,634	71	16,475	100	3,798	26	10,868	74	14,666	100

[a]The within region numbers may not sum to the regional totals due to missing information regarding the type of reporter. In addition, regional totals may not sum to the state totals because of missing county identifiers.

[b]The 1985 data does not include cases in SCR monitoring status at the time the statistics were published. There were a total of 14,904 cases being monitored, of which 4,938 cases had been indicated by local Child Protective Services units and 9,966 were unfounded.

Note: The percentages in this table are based on only those cases in which final determinations have been made. In 1980, the percentages are based on 39,415 case determinations, which were 70 percent of the 55,910 total cases. In 1985, the percentages are based on 36,264 case determinations, which were 56 percent of the 64,827 total cases.

Source: New York State Department of Social Services, 1981, 1986.

Since 1979, there has been a drop in the percentage of abuse/maltreatment reports that were indicated, from 43 percent indicated in 1979 to 37 percent indicated in 1985 (DSS, 1986). The likelihood of reports being indicated varies with the type of person making the report. From Table 2 it can be seen that while reports from mandated sources have a higher likelihood of being indicated, even their rate of indicated reports has dropped slightly in recent years. In 1980, the overall indication rate was 40 percent. During that year, the rate of reports by mandated reporters that were indicated was 54 percent and the rate of reports by non-mandated reporters that were indicated was 32 percent. By comparison, in 1985, 50 percent of the cases reported by mandated sources were indicated compared with only 27 percent of cases reported by non-mandated sources.

Characteristics of Victims

The State Central Register collects data on the sex, age, and ethnicity of the victims of child abuse and maltreatment. While the victims of maltreatment were nearly evenly split between boys (51%) and girls (49%), girls were more likely to be abused (DSS, 1986). Seventy-five percent of the children involved in indicated abuse cases in 1985 were girls (See Appendix Table 7.3).

The median age of the children in indicated cases of abuse and maltreatment was 8.1 years in 1985, which was a slight decrease in age from the median of 8.6 in 1980 (DSS, 1981, 1986). In 1985, about one-third (32%) of the children in indicated cases of abuse and maltreatment were below the age of 5, while 13 percent were 15 and older.

In 1985, children under 5 years of age and those in the 5 through 9 year age group accounted for 23 and 25 percent of all abused children, respectively (see Table 3 and Figure II). The percentages for youth 10 through 14 years of age and 15 years and over accounted for 31 and 21 percent, respectively. Maltreated children tended to be slightly younger than abused children. In 1985, 33 percent of children who were maltreated were less than 5 years old, and 30 percent were between the ages of 5 and 9. Youth 10 through 14 years of age accounted for 25 percent of all maltreated children, and youth 15 years and over represented 12 percent. While youth 10 years of age and older accounted for 52 percent of all abused children and 37 percent of the maltreated, a national study demonstrated that the abuse and maltreatment of adolescents is far less likely to be reported than incidents of abuse and maltreatment of younger children (Westat, 1981).

In New York State during 1985, 48 percent of the victims of abuse and maltreatment were white, 33 percent were black, 15 percent were Hispanic, and 4 percent were of other ethnic backgrounds (see Table 4). The racial/ethnic distribution differed markedly for

TABLE 3

Age of Children in Indicated Cases of Abuse and Maltreatment
New York State, New York City, Rest of the State
1980, 1985

	1980 Children						1985 Children					
	Abuse		Maltreatment		Total		Abuse		Maltreatment		Total	
Age	N	%[b]	N	%[b]	N	%[b]	N	%[b]	N	%[b]	N	%[b]
New York State												
Total	**3,390**	**100%**	**22,607**	**100%**	**25,997**	**100%**	**2,570**	**100%**	**18,718**	**100%**	**21,288**	**100%**
Under 5 Years	909	28	6,587	31	7,496	30	568	23	6,008	33	6,576	32
5 - 9	788	24	6,056	28	6,844	28	627	25	5,468	30	6,095	29
10 - 14	1,003	30	5,997	28	7,000	28	768	31	4,552	25	5,320	26
15 and Over	608	18	2,874	13	3,482	14	527	21	2,264	12	2,791	13
Unknown[a]	82	—	1,093	—	1,175	—	80	—	426	—	506	—
New York City												
Total	**2,224**	**100%**	**7,734**	**100%**	**9,958**	**100%**	**788**	**100%**	**7,415**	**100%**	**8,203**	**100%**
Under 5 Years	680	31	2,541	35	3,221	34	242	31	2,467	34	2,709	34
5 - 9	559	26	2,033	28	2,592	28	211	27	2,143	30	2,354	30
10 - 14	593	27	1,894	26	2,487	26	198	26	1,738	24	1,936	24
15 and Over	329	15	823	11	1,152	12	125	16	826	12	951	12
Unknown[a]	63	—	443	—	506	—	12	—	241	—	253	—
Rest of the State												
Total	**1,166**	**100%**	**14,873**	**100%**	**16,039**	**100%**	**1,782**	**100%**	**11,303**	**100%**	**13,085**	**100%**
Under 5 Years	229	20	4,046	28	4,275	28	326	19	3,541	32	3,867	30
5 - 9	229	20	4,023	28	4,252	28	416	24	3,325	30	3,741	29
10 - 14	410	36	4,103	29	4,513	29	570	33	2,814	25	3,384	26
15 and Over	279	24	2,051	15	2,330	15	402	23	1,438	13	1,840	15
Unknown[a]	19	—	650	—	669	—	68	—	185	—	253	—

[a] Unknown age reflects the fact that age is not required information for making a report to the State Central Register.

[b] Percentages are based on total minus unknown.

Source: New York State Department of Social Services, 1981, 1986

New York City versus the rest of the state. Only 11 percent of the abuse and maltreatment victims in New York City were white, compared with 71 percent in the rest of the state.

Characteristics of Perpetrators

The State Central Register provides demographic information on the characteristics of the perpetrators of abuse and maltreatment. In 1985, 60 percent of the perpetrators in indicated cases of abuse and maltreatment were women (DSS, 1986). Of the male perpetrators, 70 percent were the parent and 24 percent were parent substitutes;[4] of the female perpetrators, 93 percent were the parent and 3 percent were parent substitutes. Sixty percent of all perpetrators were in the 20 to 35 age range, 34 percent were aged 35 and older, and 6 percent were 15 through 20 years old (see Appendix Table 7.4). About half (52%) of the perpetrators were white, one-third (31%) were black, and 15 percent were Hispanic.[5]

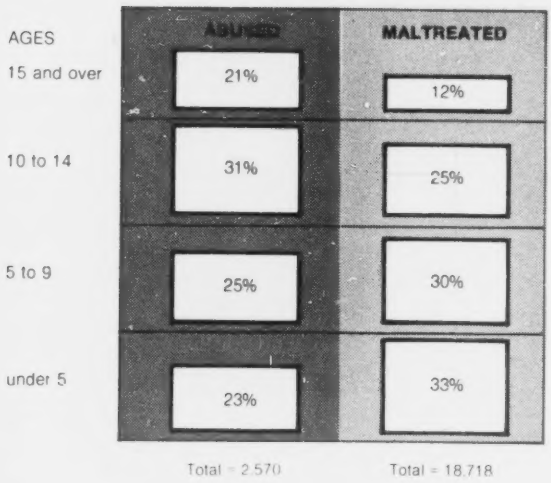
In 1985, 84 percent of the perpetrators in indicated cases of abuse and maltreatment were parents, 11 percent were parent substitutes, and 6 percent were other relatives (see Appendix Table 7.5). In addition, slightly less than 1 percent of child abuse perpetrators were not related to the child, representing reports in which the perpetrator was, for example, a day care or institutional employee. This distribution is virtually identical to 1980, and also reflects the nationwide figures compiled by the American Humane Association (1986).

While the majority of abuse and neglect perpetrators are women, a national study has demonstrated that men are responsible for more serious cases of abuse, especially sexual abuse. The National Incidence Study has shown that, in particular, stepfathers and other non-biologically related male householders are far more likely to sexually abuse the children in their care than biological fathers and non-biologically related men (Westat, 1981).

[4] Parent substitute includes, for example, a person who shares living quarters with that parent and child.

[5] The racial/ethnic breakdown of perpetrators of abuse and maltreatment are not representative of the general population. According to the 1980 census, the ethnic breakdown for New York State was 69 percent white, 16 percent black, 12 percent Hispanic, and 3 percent other; for New York City it was 37 percent white, 31 percent black, 28 percent Hispanic, and 5 percent other; and for the rest of the state it was 88 percent white, 7 percent black, 3 percent Hispanic, and 2 percent other. Data from the 1985 Current Population Survey indicate changes in racial/ethnic distribution have occurred since 1985. For a discussion of these changes, see *Chapter 1: Demographic Overview.*

Figure II **Age of Children Involved**
in indicated cases of abuse and maltreatment, 1985



Source: Table 3

Court Processing of Child Protective Cases

Many actions which constitute abuse or neglect may also constitute crimes under New York State Penal Law. However, there is seldom, if any, involvement of the criminal courts. In fact, in most cases, child protective services workers attempt to resolve the case without any court involvement.

When the people involved in an abuse or maltreatment report are willing to actively participate in a service plan designed to resolve any problems leading to the abuse or maltreatment incident, then court involvement is usually avoided. In cases where the people involved in an abuse or maltreatment report are uncooperative, however, a petition to family court becomes the usual course of action. Besides offering an opportunity to resolve problems confidentially, family court offers opportunities for both the protection of the child(ren) and for the assistance necessary for resolving the problems leading to abuse and neglect.

In 1985, family court made dispositions in 9,405 abuse and neglect cases (see Box D). In the majority of cases that did not reach disposition, the child protective services workers were able to reach a resolution. In other cases, a negotiated settlement was reached out of court or the case was adjourned in contemplation of dismissal. The fact that a case was settled and was not brought to court does not mean that no actions were taken. In cases that do not result in a disposition, the terms of the settlement usually include compliance with an agency-directed treatment plan and conditions of behavior on the part of the parent or caretaker.

In most cases, a settlement leads to a judicial decision of Adjournment in Contemplation of Dismissal (ACD).[6] In other cases, the local social services district will simply withdraw the petition allowing an end to family court involvement.

In order for a case to be presented in family court, a petition must be filed detailing all charges. The next step is a fact-finding hearing. The family court's system for handling abuse and neglect cases is designed for the protection of the child. At the same time, it seeks to protect the rights of the alleged perpetrator. Consequently, the standards for proof maintained in family

TABLE 4
Race/Ethnicity of Children in Indicated Cases Of Abuse and Maltreatment New York State, New York City, Rest of the State 1980, 1985

	1980		1985	
Race/Ethnicity	**N**	**%[b]**	**N**	**%[b]**
		New York State		
Total	**25,997**	**100%**	**21,288**	**100%**
White	12,404	53	9,923	48
Black	7,374	31	6,812	33
Hispanic	3,247	14	3,166	15
Asian	132	1	101	0[c]
Native American	71	0[c]	49	0[c]
Other	402	2	593	3
Unknown[a]	2,367	—	644	—
		New York City		
Total	**9,958**	**100%**	**8,203**	**100%**
White	1,281	14	861	11
Black	4,594	52	4,171	53
Hispanic	2,764	32	2,600	33
Asian	50	1	52	1
Native American	8	0[c]	5	0[c]
Other	79	1	231	3
Unknown[a]	1,182	—	283	—
		Rest of the State		
Total	**16,039**	**100%**	**13,085**	**100%**
White	11,123	75	9,062	71
Black	2,780	19	2,641	21
Hispanic	483	3	566	4
Asian	82	1	49	0[c]
Native American	63	0[c]	44	0[c]
Other	323	2	362	3
Unknown[a]	1,185	—	361	—

[a] Unknown ethnicity reflects that reporters do not always know the ethnicity of children they report to the State Central Register.

[b] Percentages are based on total minus unknown.

[c] Less than 0.5 percent.

Source: New York State Department of Social Services, 1981, 1986.

[6] Adjournment in Contemplation of Dismissal is a court procedure whereby a case is adjourned for a period not to exceed six months with the expectation that the case will ultimately be dismissed. Such an order may include terms and conditions agreeable to the court and to the parties involved and must include a requirement for supervision of the child and parent or caretaker by a child protective agency.

court are the same as those adhered to in other judicial proceedings.

If the evidence is not sufficient to prove the allegation, the court will dismiss the case. If the allegation is proven, there are five possible dispositions which include suspended judgement, release to custody of parent or caretaker, placement of child, order of protection for the child, or supervision of parent or caretaker.

Court Findings in Child Abuse and Neglect Cases

The Office of Court Administration (OCA) is responsible for collecting and reporting statistics on child abuse and neglect cases handled by family court. Statistics are gathered on the cases handled by family court rather than on children involved (a case can involve more than one child and one or more incidents of abuse and neglect).

Statistics collected on child abuse and neglect cases, which are processed through family court, are classified according to the initial reason for petition and the outcome of the case. Categories for the initial reason for petition include: 1) Abuse Only, 2) Neglect Only, and 3) Abuse and Neglect. Categories for the outcome of a case include: 1) Abuse Only, 2) Neglect Only, 3) Abuse and Neglect, or 4) Neither Abuse Nor Neglect. This allows for cases that are petitioned under one category to result in a different finding. Thus, a case initially petitioned as Abuse Only may result in a finding of Neglect Only.

There have been several general trends in the number of child abuse and neglect cases handled by family court. Statewide, there was a 75 percent increase in the number of cases handled (from 5,379 in 1980 to 9,405 in 1985). This increase was accounted for primarily by New York City where cases disposed rose from 2,052 in 1980 to 5,241 in 1985, a 155 percent increase. In the rest of the state, however, there was an increase of 25 percent (from 3,327 to 4,164).

Most of the child protective cases handled by family court both begin and end as Neglect Only cases. Of the 9,405 child protective cases initiated in 1985, 68 percent began with Neglect Only petitions, 29 percent with allegations of Abuse Only, and 3 percent with allegations of both Abuse and Neglect. Of these 9,405 cases, the court determined that in 27 percent of these cases Neither Abuse Nor Neglect was supported by the evidence; that Neglect Only was proven for 58 percent of the cases; Abuse Only for 13 percent; and Abuse and Neglect for 2 percent (Table 5).

While many cases that are petitioned to family court are proven, in approximately 30 percent of the cases the evidence is not strong enough to prove the allegation. In other cases, particularly those involving an initial allegation of abuse, the abuse is not proven but the court determines that the evidence supports a finding of neglect. For example, in 1985, 35 percent

TABLE 5

Initial Reason for Child Abuse and Neglect Petition and Court Finding
New York State, New York City, Rest of the State
1985

Reason for Petition	Total	%	Court Finding: Abuse Only N	Abuse Only %	Neglect Only N	Neglect Only %	Abuse and Neglect N	Abuse and Neglect %	Neither Abuse Nor Neglect N	Neither Abuse Nor Neglect %
New York State										
Total	**9,405**	**100%**	**1,234**	**13%**	**5,462**	**58%**	**134**	**2%**	**2,575**	**27%**
Abuse Only	2,743	100	1,083	39	948	35	78	3	634	23
Neglect Only	6,383	100	81	1	4,403	69	35	1	1,864	29
Abuse and Neglect	279	100	70	25	111	40	21	7	77	28
New York City										
Total	**5,241**	**100%**	**620**	**12%**	**3,464**	**66%**	**100**	**2%**	**1,057**	**20%**
Abuse Only	1,538	100	521	34	634	41	64	4	319	21
Neglect Only	3,555	100	62	2	2,764	79	29	1	700	20
Abuse and Neglect	148	100	37	25	66	45	7	5	38	26
Rest of the State										
Total	**4,164**	**100%**	**614**	**15%**	**1,998**	**48%**	**34**	**1%**	**1,518**	**36%**
Abuse Only	1,205	100	562	47	314	26	14	1	315	26
Neglect Only	2,828	100	19	1	1,639	58	6	0[a]	1,164	41
Abuse and Neglect	131	100	33	25	45	34	14	11	39	30

[a]Less than 0.5 percent.

Source: Office of Court Administration, 1986.

BOX D
Possible Dispositions in Family Court Child Abuse and Neglect Hearing

1) **Suspended judgement** — A case can be suspended for up to one year, during which time the parent or caretaker must follow the terms and conditions specified by the judge concerning the care of the child. Rules of the court define permissible terms and conditions of suspended judgements. These conditions may include acceptance of counseling and other services designed to assist the family in resolving any difficulties they may be experiencing. An extension of up to one year may be granted.

2) **Release to custody of parent or caretaker** — The court may place a person, in whose custody a child is released, under the supervision of a child protective agency. Rules of the court define permissible terms and conditions of supervision. The duration of any initial period of supervision can be no more than eighteen months, with successive one-year extensions possible.

3) **Placement** — The court may, under specific guidelines, place the child in the custody of a relative or other suitable person or under the care of the commissioner of social services or other such agency. Placements may be for an initial period of eighteen months, with successive extensions possible of up to one year each.

4) **Order of Protection** — The court may issue an order of protection separately or in addition to any other order issued in a case. Under an order of protection, the court may require a parent or caretaker, who is before the court, to observe reasonable conditions of behavior for a specified period of time. These may include staying away from the home and specific conditions for visiting the child.

5) **Supervision** — The court may place a parent or caretaker who has abused or neglected a child under the supervision of a child protective or social services agency. Terms and conditions for supervision are specified by the judge, and rules of the court define permissible terms and conditions of supervision.

Source: Griffin, 1983.

of the cases that were initially petitioned as Abuse Only ended with a Neglect Only finding, as did 40 percent of those beginning as Abuse and Neglect. However, nearly all cases with an initial allegation of Neglect Only ended with a finding of either Neglect (69%) or Neither Abuse Nor Neglect (29%). As can be seen in Table 5, this relationship between initial petition and court finding carried through for both the New York City cases and cases in the rest of the state.

Of the 9,405 child protective cases handled by family court in 1985, 5,241 cases (56%) were from New York City. There was very little difference between New York City and the rest of the state in the distribution of cases by the initial reason for petition. However, there is a disparity between these two regions of the state in the likelihood of the various court findings. There were regional differences between Abuse Only and Neglect Only cases. Sixty-six percent of the child protective cases disposed in New York City in 1985 ended with a finding of Neglect Only, 20 percent ended with a finding of Neither Abuse Nor Neglect, and the remaining 14 percent involved a finding that included abuse (with or without additional allegations of neglect). The comparable figures for the rest of the state were 48 percent, 36 percent, and 16 percent, respectively.

The Office of Court Administration reported that, in 1985, family court handled 3,138 cases involving child abuse (with or without additional allegations of neglect).[7] In 93 percent of these cases, the petition originated from a local social services district. For those proceedings that involved child abuse, the case was withdrawn, dismissed, or judgement was suspended in 21 percent of the cases. In 22 percent of the cases, the child was released to a parent or parents, (most often with the family under supervision provided by DSS), a private agency, or the probation department. In 34 percent of the cases, the child was removed from his or her home. Of these removals, 97 percent were placements with the local department of social services (see Box D).

A greater percentage of abused children were removed from their homes in New York City (43%) in 1985 than in the rest of the state (23%). Correspondingly, a smaller percentage of New York City dispositions involved release to parent(s) or another person (21%) than for the rest of the state (23%). The release to parent(s) under an order of protection was the disposition for 16 percent of the cases within New York City and 23 percent of the cases in the rest of the state.

The number of cases involving findings of abuse increased from 1980 to 1985. Dispositions on child protective proceedings involving abuse increased 29 percent with the increase higher in New York City (40%) than in the rest of the state (19%). The percentage of children removed from their homes in 1985 was similar to that in 1980 (37%), while the percentage released to parent(s) with supervision provided by DSS,

[7]This includes all petitions beginning with allegations of child abuse or child abuse and neglect regardless of the court finding, along with those petitions originating as neglect only for which the court finding was either abuse only or abuse and neglect.

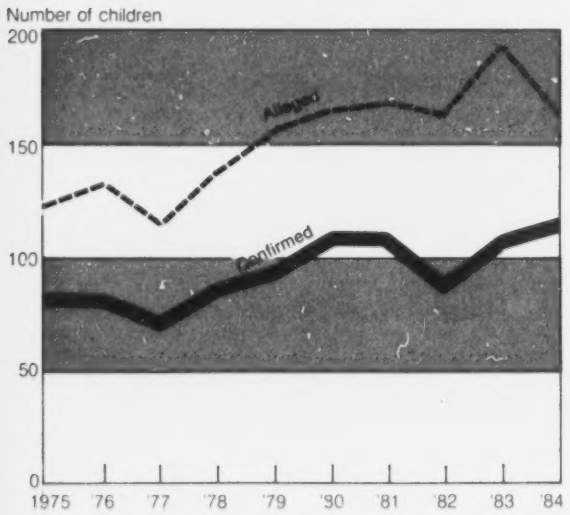
probation, or a private agency increased from 15 to 34 percent. A slight drop in case dismissals was also noted between 1980 and 1985.

Fatalities Due to Abuse/Maltreatment

A small percentage of the reports of suspected child abuse/maltreatment involve child fatalities. As presented in Table 6, in 1984 the State Central Register received 151 reports of fatalities involving 162 children. Of these, 112 deaths were found to be attributed to abuse or maltreatment in 1984, while only 87 children were confirmed fatalities due to abuse or maltreatment in 1980.

Figure III (and Appendix Table 7.6) depicts the trend in the number of children involved in reports of fatalities alleged to be the result of child abuse and maltreatment and the number of children involved in fatalities confirmed to be due to child abuse and maltreatment. As can be seen, with the exceptions of 1977 and 1985, there has been a gradual increase in the number of children involved in reports of fatalities due to abuse and maltreatment over the last ten years.

Figure III **Deaths Related to Child Abuse & Maltreatment**
Alleged and Confirmed



Source: Appendix Table 7.6

Child Sexual Abuse

Nationwide, there are no reliable statistics on the number of children sexually victimized by a parent or other caretaker. Various researchers have estimated that somewhere between 60,000 and 336,000 children in the United States are sexually molested each year (Guarino, 1985). During 1984, approximately 210,000 documented reports of child sexual abuse were received by state child abuse and neglect registers across the nation (American Humane Association, 1986).

The New York State Department of Social Services reported 6,963 allegations of child sexual abuse involving 8,345 children during 1985 (DSS, 1986). While this represented a 168 percent increase over the number of allegations made in 1980 (2,600), the proportion of allegations of child sexual abuse to the total number of allegations of abuse and maltreatment has remained stable at about 4 percent.[a]

TABLE 6
Fatalities Related to Alleged and Actual Child Abuse or Maltreatment
New York State, New York City, Rest of the State
1980, 1984[a]

	1980		1984	
Fatalities	**Reports**	**Children**	**Reports**	**Children**
		New York State		
Alleged	153	164	151	162
Confirmed	77	87	101	112
Unfounded	N/A	N/A	39	39
Pending	N/A	N/A	11	11
		New York City		
Alleged	97	99	107	118
Confirmed	46	50	74	85
Unfounded	N/A	N/A	23	23
Pending	N/A	N/A	10	10
		Rest of the State		
Alleged	56	65	44	44
Confirmed	31	37	27	27
Unfounded	N/A	N/A	16	16
Pending	N/A	N/A	1	1

[a]Due to the fact that investigations regarding fatalities are sometimes lengthy, 1984 data are presented in this table instead of 1985 data.

Source: New York State Department of Social Services, 1981, 1985.

CHILD ABUSE AND MALTREATMENT IN NON-FAMILIAL SETTINGS

There were approximately 38,000 children living in out-of-home care in New York State on any given day in 1985 (New York State Council on Children and Families [Council], 1986). Children are placed in out-of-home care for a variety of reasons. In general, children may be placed in out-of-home care either because they present physical, developmental, emotional, or behavioral problems of such severity that they require residential treatment, or because their families are unwilling or unable to care for them. Many are victims of child abuse and maltreatment. Others have become involved with the juvenile justice system and have been placed by the family court as a person in need of supervision or as a juvenile delinquent.

[a]More than one allegation can be made for each subject of an abuse/maltreatment report. The percentage cited here is the percentage of the total *allegations* reported and *not* the percentage of *reports* in which an allegation of sexual abuse was made (DSS, 1986).

Although there are laws, standards, and regulations which provide for the safe and humane care of children receiving services in out-of-home settings in New York State, there are occasions when reports are made to the State Central Register regarding children in these programs. These incidents are similar to abuse and maltreatment that occur in the home. The abusive act, however, is committed by an employee or volunteer of a residential care facility. While reports of abuse and maltreatment of children in out-of-home care are handled by the State Central Register, until recently, uniform procedures for responding to these reports have been lacking. In response to this need, the Child Abuse Prevention Act of 1985 was enacted (see Box E).

The rate of reports of abuse and maltreatment per 1,000 children is much lower for children in residential care (4 per 1,000) than for children in the general population (18 per 1,000). In 1985, there were 1,485 reports of child abuse in state institutional settings involving over 2,000 children, a 7 percent decrease from 1984. The vast majority of the reports (1,188) were from DSS-sponsored programs, which provide the largest proportion (72% in 1985) of residential child care in New York State. In addition, there were 125 reports of suspected abuse or maltreatment of children in programs operated by the Office of Mental Health, 140 reports in programs operated by the Division for Youth (DFY), and 32 reports regarding children in programs operated or supervised by the Office of Mental Retardation and Developmental Disabilities. There were no reports of abuse or maltreatment in residential programs operated or supervised by the State Education Department.

Probably the most widely publicized instance of abuse and maltreatment of children in non-familial settings are those incidents occurring in day care settings. In 1985, there were 401 cases involving 791 children in day care settings (DSS, 1986). These included 520 children involved in maltreatment reports and 271 children involved in abuse reports.

BOX E

Child Abuse Prevention Act of 1985

The Child Abuse Prevention Act of 1985 was enacted to establish uniform procedures for handling incidents of child abuse and maltreatment that occur in institutional settings. Among other things, the Act:

- broadens the definition of child abuse and maltreatment to include institutional child abuse and child abuse in day care settings and day services programs;
- mandates the development and implementation of standards regarding training and qualifications for persons responsible for the care of children and for those staff whose responsibility it is to conduct the investigations;
- reassigns the responsibility for the investigations of abuse in residential facilities to the Department of Social Services (for reports from its facilities, as well as the Division for Youth and the State Education Department) and to the Commission on Quality of Care for the Mentally Disabled (for reports from the Office of Mental Health and the Office of Mental Retardation and Developmental Disabilities);
- establishes responsibilities and procedures for corrective action upon the indication of an abuse or maltreatment case in a residential facility;
- improves procedures for screening of applicants for positions in residential and day care programs;
- requires day care centers and Head Start programs to establish specific procedures to ensure the safety of children, and ensures adequate and appropriate supervision of employees and volunteers;
- directs appropriate state agencies, subject to appropriations, to establish regulations for training staff and volunteers of local social services districts, day care programs, and residential care facilities, as well as the children and youth who are served by these programs;
- specifies what information law enforcement or child caring agencies may receive and disclose regarding child abuse and maltreatment cases and further specifies under which conditions this may occur;
- specifies the rights of an employee or volunteer who is accused of or charged with abuse or maltreatment and provides procedures for fair hearings and for appropriate expungement of records; and,
- requires appropriate state agencies supervising residential child care programs to develop a consistent set of regulations concerning standards of care including such areas as personnel screening and qualifications; staff supervision; training; safety procedures; custodial contact; and procedures for restraint, physical intervention, and isolation.

Source: Chapter 676 and 677 of the Laws of 1985 New York State

CHILDREN AS VICTIMS OF OTHER CRIMES

Although instances of abuse and maltreatment may be the most widespread form of child victimization, children also fall prey to other crimes (e.g., homicide, sex offenses, robbery) committed by people other than their parents or caretakers. These cases are handled by the criminal justice system. While some statistics on various crimes are available, the only systematic and complete recording of crime victimization in New York State involves the crime of homicide.

Homicide

Two hundred and thirty-six children and youth under age 20 were victims of homicide in 1985 in New York State. This figure represents a 27 percent decline from the nine-year high which occurred in 1980, when 324 children and youth were victims of homicide. In 1985, children and youth under 20 years of age constituted 14 percent of all homicide victims (New York State Division of Criminal Justice Services [DCJS], 1986).

TABLE 7
Youth Homicide Victims by Age
New York State
1980, 1985

	1980		1985	
Age	N	%	N	%
Total	2,187	100%	1,690	100%
Less Than 1 Year	15	1	20	1
1 - 9 Years	54	2	39	2
10 - 19 Years	255	12	177	11
All Others[a]	1,863	85	1,454	86

[a]Excludes 41 cases with unknown ages in 1980, and 67 cases with unknown age in 1985.

Source: New York State Division of Criminal Justice Services, 1981, 1986

Other Personal Crimes

Youth aged 12 through 19 are much more likely to be victims of crime than people in older age groups (United States Department of Justice, 1986). The National Crime Survey (NCS) is a nationwide survey of a sample of households which has been conducted yearly over the past decade and is used to estimate the nature and extent of crime victimization in the general population. The NCS is carried out for the U.S. Department of Justice by the Bureau of the Census. Although NCS is designed to generate national estimates of victimization, during the early 1970s it also generated estimates for some of the larger states in the nation — among them, New York. The following statistics were drawn from the last report publisned giving criminal victimization data on New York State children (NCS, 1978). Since 1978, when that report was published, trends in the criminal victimization of children nationally have remained stable (NCS, 1986).

Figures for New York State, averaged over the years 1974 to 1977, show that youth 12 through 19 years of age were much more likely to be victims of personal crimes than adults. This finding held for all major groupings of personal crimes (i.e., rape, robbery, assault, and larceny) and was especially pronounced for those youth who were 16 through 19 years old. The National Crime Survey does not include children under age 12, so no estimates of their victimization are available.

Of all the age groupings in the survey, youth 12 through 19 years old were less likely to report personal crimes to police. Only 25 percent of all victimizations in this age category were reported to the police, while the percentages for other age groups (20-34, 35-49, 50-64, and 65 and over) ranged from 37 percent to 40 percent.

The perceived age of the offender is another important factor in understanding the criminal victimization of youth. Fifty-nine percent of the youthful victims of personal crimes of violence reported the offender to be an individual between 12 and 20 years of age, compared with 34 percent of all victims of personal crimes of violence.

Missing Children

One area which has recently received a great deal of attention is missing children. The term "missing children" is typically used to refer to three distinct groups: runaways, youngsters abducted by a non-custodial parent, and stranger-abducted children. While any of these occurrences can have a profound, and sometimes tragic, impact on a child or family, each poses a unique risk which is difficult to accurately gauge in terms of its social and psychological consequences.

By some counts, 1.5 million children have been reported in the United States each year as missing (Becker, 1984). Other figures, however, range as high as 2 million (Juvenile Justice Digest, 1984), and as low as the FBI's estimate of 19,000 children currently missing (Becker, 1984).

The concern over missing children is certainly warranted. However, the number of children abducted by strangers may not be as high as people once thought. Of the three groups (i.e., runaways, youngsters abducted by noncustodial parents, and stranger-abducted), it is apparent that the largest proportion of children reported missing (estimates range from 60 to 95 percent) are those who have run away (Juvenile Justice Digest, 1985). Runaway and homeless youth programs funded by the New York State Division for Youth reported serving 6,255 runaways during 1985 (DFY, 1986).

Of the remaining children who are missing but who did not run away, it is estimated that 90 percent are abducted by a non-custodial parent. Estimates of the number of children abducted by non-custodial parents in the United States vary from 25,000 to more than 100,000 annually (Gelles, 1984).

Most of the attention concerning missing children has been generated by reports of stranger-abducted children. This attention was driven by reports of large numbers of children abducted by strangers each year. In 1983, the FBI reported to the United States Senate Committee on the Judiciary Subcommittee on Juvenile Justice that 50,000 children were abducted by strangers during 1982 (United States Senate, 1983). However, more recent statistics place the number much lower. The organization, Child Find, which at one time reported 20,000 to 50,000 stranger abductions each year in the United States, now places the figure closer to 600. The National Child Safety Council (1985), which publishes a comprehensive listing of stranger-abducted children, listed 110 such children in its June 1985 issue.

Information regarding New York State children is being compiled through the Missing Children's Registry. The New York State Division of Criminal Justice Services listed 734 active cases of missing children (including runaways) in the Missing Children's Registry on December 31, 1986 (DCJS, 1987).[9] While the Missing Children's Registry does not report statistics according to the various types of missing children, estimates of stranger-abducted children in the state seem to be consistent with the lower national figures. Of the 110 children listed in the National Child Safety Council report of stranger-abducted children, only 10 were from New York State. Police in New York City and on Long Island listed only three active cases of children abducted by strangers in 1984.

[9]The Missing Children's Registry was established through Chapter 837 of the Laws of 1985 (New York State). The law defines a missing child as any person under the age of 16 years missing from his or her normal and ordinary place of residence and whose whereabouts cannot be determined by a person responsible for the child's care. Police must report all children who are missing and under 16 years old to the register within 48 hours of determining the child is missing and may report children 16 and over if they decide the case warrants inclusion in the register.

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Council: See New York State Council on Children and Families.

DCJS: See New York State Division of Criminal Justice Services.

DSS: See New York State Department of Social Services.

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OCA: See Office of Court Administration.

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HIGHLIGHTS

- *The number of juvenile arrests in New York State declined from 94,329 arrests in 1975 to 85,214 in 1985.*
- *While the number of juvenile arrests declined in New York State, the arrest rate increased from 50 per 1,000 in 1980 to 60 per 1,000 in 1985. However, the rate of arrests for violent crimes remained constant at 4 per 1,000.*
- *The juvenile arrest rate in New York City is more than twice as high as the rate in the rest of the state. During 1985, the rate of juvenile arrests in New York City was 91 per 1,000 compared with 41 per 1,000 in the rest of the state.*
- *The number of juvenile delinquency (JD) cases opened for possible court processing by probation departments throughout New York State decreased substantially between 1975 and 1985. There were 28,259 JD cases opened in 1985, representing nearly a 34 percent drop in cases from the 42,518 cases opened in 1975.*
- *In 1985, there were 5,414 admissions to secure detention and 5,548 admissions to non-secure programs reported in New York State. The overall number of detention admissions in 1985 represented an 8 percent decrease since 1980.*
- *During 1985, 84 percent of all secure detention admissions in New York State involved juvenile delinquency petitions; an additional 13 percent were detained on juvenile offender charges.*
- *An adjudication (determination that the facts support the allegation) of juvenile delinquency (JD) was reached for 45 percent of the JD petitions in New York State in 1985 (up from 34% in 1980), while an adjudication of persons in need of supervision (PINS) was reached for 24 percent of PINS petitions in New York State in 1985 (down from 44% in 1980).*
- *In New York State, orders of disposition (e.g., probation, out-of-home placement) were filed for 4,423 adjudicated juvenile delinquents (JD) and 1,667 adjudicated persons in need of supervision (PINS) in 1985. For JDs, the most common disposition was probation (50%), while for PINS the most common disposition was placement with a commissioner of social services (70%).*
- *There have been 10,488 juvenile offender (JO) arrests in New York since the Juvenile Offender Law was enacted in 1978. The number of JO arrests peaked in 1981 when 1,634 arrests were made. Since that time, the number of JO arrests has declined to 1,257 arrests in 1985.*
- *In New York State, youth 16 through 20 years of age are treated as adults for purposes of criminal prosecution. In 1985, 300,946 arrests were made of persons 16 through 20 years of age. Youth in this age range represented 28 percent of all adult arrests made in the state during that year and 30 percent of all adult arrests for Part I Violent Offenses (i.e., criminal homicide, rape, robbery, and aggravated assault).*
- *The volume of New York State youth (16 through 20 years old) arrested has dramatically increased during the last decade, almost doubling between 1975 when there were 159,131 arrests and 1985 when there were 300,946 arrests.*
- *Arrests of youth 16 through 20 years of age were made disproportionately in New York City. There were 210,981 youth arrests in 1985 in New York City as compared to 89,965 in the rest of the state. Furthermore, three-quarters (76% or 11,569 arrests) of youth arrests for Violent Part I crimes were made in New York City.*
- *In 1985, there were 2,376 new commitments of youth 16 through 20 years of age to New York State correctional facilities. This figure represents 19 percent of all commitments to state prisons.*
- *In New York State during 1985, there were 47,712 admissions of youth to county jails and penitentiaries.*
- *In 1985, 14,821 youth were placed on adult probation supervision throughout New York State. This represented 37 percent of all adults on probation.*

CHAPTER 8

Children and Youth in the Justice System

"When does yesterday's victim become today's predator? ...there are children in this country who are in serious trouble."

Petit and Overcash
1983

The reasons why adolescents misbehave or commit crimes are very complex. Adolescence is a time of tremendous struggle, involving a great deal of physical and emotional growth and change. For most adolescents, it is a time of testing limits and trying out adult behavior. Some engage in acts of minor misbehavior, such as occasional truancy and shoplifting, as a fleeting part of this developmental process. A few engage in more serious acts of misbehavior and delinquency, such as vandalism, which come to the attention of law enforcement agencies. Still others commit more serious criminal acts including acts of violence, which indelibly mark their lives as well as the lives of their victims.

The information presented in this chapter is divided into two major sections on the juvenile and the adult criminal justice systems. A separate subsection is devoted to juvenile offenders whose court processing involves elements of both systems.

JUVENILE JUSTICE SYSTEM

Several characteristics of New York's juvenile justice system set it apart from most other states in the nation. For instance, only a few states, New York included, define the upper age of juvenile/family court jurisdiction as 15 years old (i.e., up to 16 years of age). The majority of other states include youth up to 18 years of age in the juvenile/family court system. Also, the Juvenile Offender Law makes New York State one of the few states where youth under 16 years of age can fall under the initial jurisdiction of the adult courts because of the seriousness of the alleged crime. Rather than beginning jurisdiction for some offenders in criminal courts, most other states allow family or juvenile court judges to transfer authority for cases to the criminal court under certain conditions.

Overview of Processing

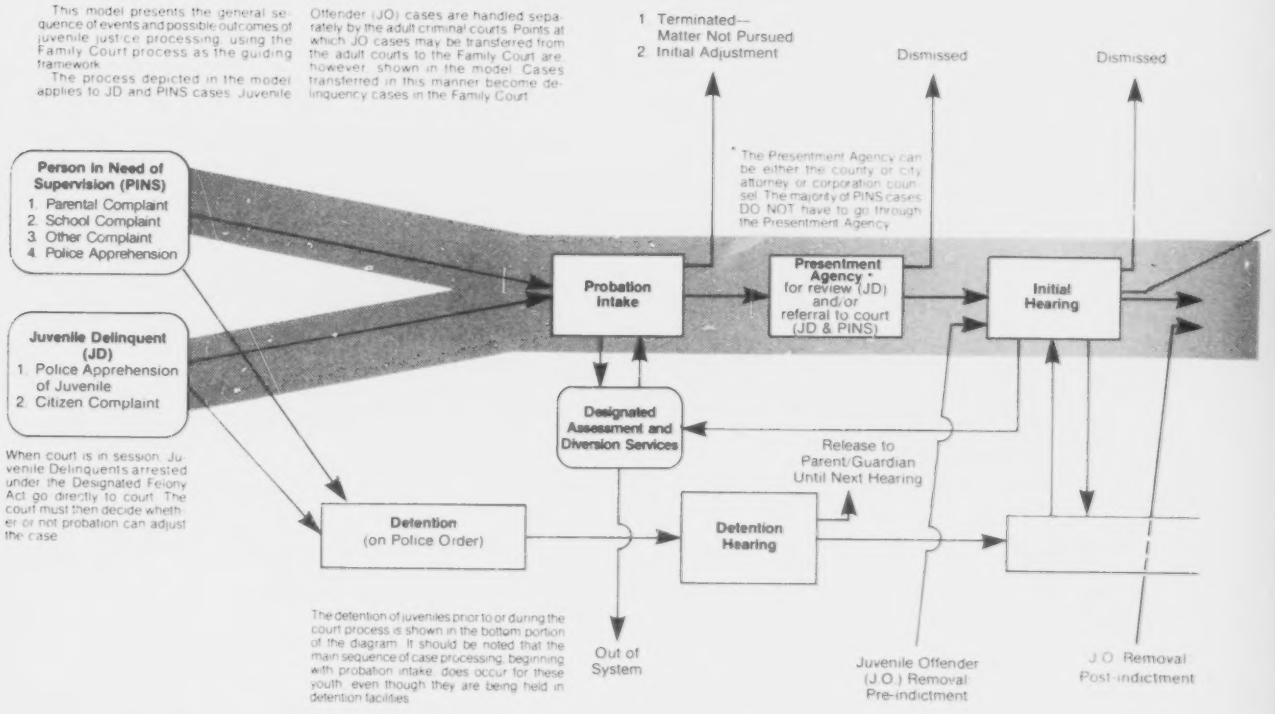
Through most stages of the juvenile justice system, the processing of juvenile delinquents and PINS is similar. A model depicting the processing of juvenile delinquents and PINS is presented in Figure I. PINS cases begin as complaints made by parents, school officials, or others, to probation intake officers who act as screening and referral agents for the family court. Typical complaints that result in PINS petitions include behavior problems at home or in school, running away from home, and habitual truancy. A JD case may begin with a complaint by a citizen who witnessed or was victimized by a crime committed by a youth (e.g., vandalism, assault, theft) or when a youth is taken into custody by a police officer because the youth is alleged to have committed a criminal act.[1] JD cases are also initiated when the adult criminal court transfers a juvenile offender case to family court (see Box A).

Considerable discretion can be exercised in the early stages of the juvenile justice process. Youth who are apprehended by the police may simply be released with a warning. Others are referred to probation intake and may subsequently be referred to the corporation counsel/assistant county attorney (JDs only) for possible court processing. Many of the cases that reach probation intake are diverted from the family court process. In diverting cases from family court, probation departments work to develop a suitable adjustment to the case. This might include providing a range of human services for the youth and his or her family, the youth providing compensation to the victim(s) for losses, or arranging for the youth to work on community service projects.

Court activity is initiated with a petition which specifies the grounds on which the youth can be considered a delinquent or in need of supervision. If the youth does not admit to the acts alleged in the petition during an initial hearing, a fact-finding hearing must be held to determine whether the acts were committed by the youth. As in a child abuse and neglect case, the cases are heard in closed sessions to protect confidentiality and there are no jury trials. In those cases where the fact-finding hearing results in a finding that the youth has committed those acts specified in the petition, a dispositional hearing is held in which recommended courses of action regarding the youth are discussed and decided upon. The Family Court Act states that

[1]The juvenile justice system's treatment of juvenile delinquents was designed to reduce the possibility that a youth who has committed a criminal act will be labeled as a criminal. As a result, technically a youth who is alleged to have committed a criminal act is not arrested. Rather, a youth is brought into custody by a police officer. A youth is not charged with a crime, but rather a juvenile delinquency petition may be filed in family court. Likewise, a youth is not convicted, he or she is adjudicated. Despite these differences in treatment, official statistics on juvenile crime are reported according to arrests and convictions, and consequently, those terms will be used here for that purpose.

Figure I Processing of Juvenile Delinquents and Persons in Need of Supervision in New York State


This model presents the general sequence of events and possible outcomes of juvenile justice processing, using the Family Court process as the guiding framework.
The process depicted in the model applies to JD and PINS cases. Juvenile Offender (JO) cases are handled separately by the adult criminal courts. Points at which JO cases may be transferred from the adult courts to the Family Court are, however, shown in the model. Cases transferred in this manner become delinquency cases in the Family Court.
1. Terminated—Matter Not Pursued
2. Initial Adjustment
Dismissed
Dismissed
* The Presentment Agency can be either the county or city attorney or corporation counsel. The majority of PINS cases DO NOT have to go through the Presentment Agency.
Person in Need of Supervision (PINS)
1. Parental Complaint
2. School Complaint
3. Other Complaint
4. Police Apprehension
Juvenile Delinquent (JD)
1. Police Apprehension of Juvenile
2. Citizen Complaint
When court is in session, Juvenile Delinquents arrested under the Designated Felony Act go directly to court. The court must then decide whether or not probation can adjust the case.
Probation Intake
Presentment Agency * for review (JD) and/or referral to court (JD & PINS)
Initial Hearing
Designated Assessment and Diversion Services
Release to Parent/Guardian Until Next Hearing
Detention (on Police Order)
Detention Hearing
The detention of juveniles prior to or during the court process is shown in the bottom portion of the diagram. It should be noted that the main sequence of case processing, beginning with probation intake, does occur for these youth, even though they are being held in detention facilities.
Out of System
Juvenile Offender (J.O.) Removal: Pre-indictment
J.O. Removal: Post-indictment

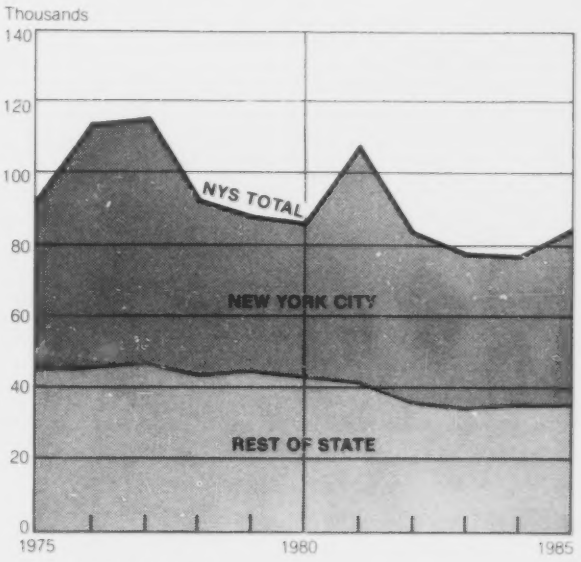
the dispositional hearing should include an investigative report, completed by the probation department, which documents the social and psychological background of the youth. This background is considered in making any decision regarding the youth.

Much misbehavior, even of a criminal nature, goes undetected or is not reported. As a result, it is difficult to determine the true extent of the juvenile crime problem. Arrest rates for youth under 16 years of age are one indication of the level of juvenile crime, and the number of JD and PINS cases received by probation intake (where police and others file complaints, which may lead to family court processing, are first screened) provide another indication. While arrest rates are a valid starting point for juvenile delinquent and juvenile offender cases, PINS cases seldom begin with an arrest. Therefore, data presented here on PINS cases are limited to the number of intakes processed by local departments of probation and the number of petitions filed in family court.

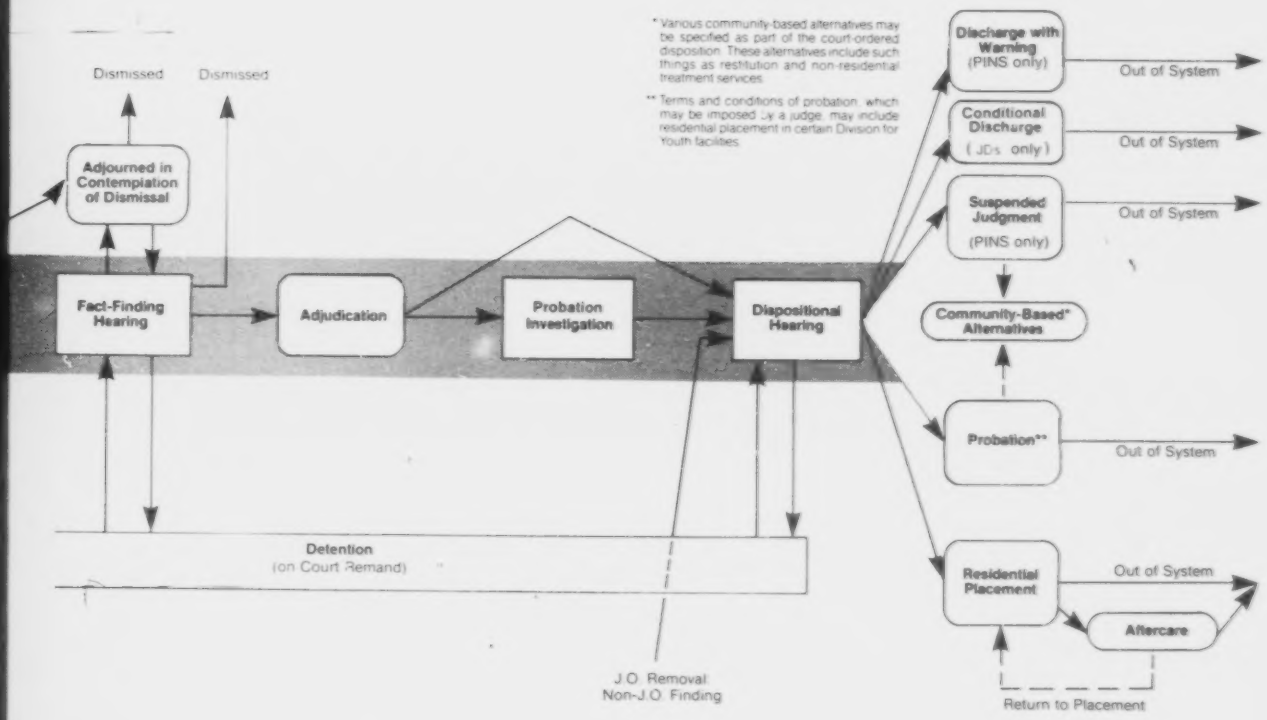
Juvenile Arrests

Much attention has been given in recent years to public perceptions of increases in juvenile crime, especially violent crime. However, with the exceptions of 1981 and 1985, the statistics for New York State show a general downward trend in the number of juvenile arrests between 1978 and 1985 (see Figure II and Appendix Table 8.1). This decrease in the number of

Figure II Juvenile Arrest Trends



Source: Appendix Table 8.1


* Various community-based alternatives may be specified as part of the court-ordered disposition. These alternatives include such things as restitution and non-residential treatment services.
** Terms and conditions of probation, which may be imposed by a judge, may include residential placement in certain Division for Youth facilities.
Dismissed
Dismissed
Adjourned in Contemplation of Dismissal
Fact-Finding Hearing
Adjudication
Probation Investigation
Dispositional Hearing
Detention (on Court Remand)
J.O. Removal
Non-J.O. Finding
Discharge with Warning (PINS only)
Conditional Discharge (JDs only)
Suspended Judgment (PINS only)
Community-Based* Alternatives
Probation**
Residential Placement
Aftercare
Out of System
Out of System
Out of System
Out of System
Out of System
Return to Placement

arrests is reflective of the decline in the population in the 10- through 15-year-old range. Despite the general decrease in the number of arrests, as can be seen in Table 1, there was an increase in the overall arrest rate.

A total of 85,214 juvenile arrests (arrests of youth through 15 years of age) were reported in 1985 for New York State (New York State Division of Criminal Justice Services [DCJS], 1986b), a 10 percent increase from 1984. Six percent of these arrests were for the serious violent offenses of criminal homicide, rape, robbery, and aggravated assault. Serious property offenses — burglary, larceny, and motor vehicle theft — constituted 23 percent of the 1985 juvenile arrests. All other offenses, including lesser felonies, misdemeanors, and violations, made up the remaining 71 percent of the arrests.

The overall statewide arrest rate increased from 51 per 1,000 juveniles in 1975 to 60 per 1,000 in 1985. The number of juvenile arrests for violent offenses in New York State declined by 32 percent between 1978 and 1985; however, the arrest rate for these crimes remained constant at 4 per 1,000 juveniles. In addition, while there was a 10 percent decline in the number of juvenile arrests for other offenses between 1975 and 1985, the arrest rate for other offenses climbed from 46 per 1,000 juveniles in 1975 to 56 per 1,000 juveniles in 1985.

TABLE 1
Juvenile Arrests
New York State, New York City, Rest of the State
1975, 1980, 1985

	All Offenses		Violent Offenses[b]		Other Offenses	
Year	Number	Rate[a]	Number	Rate[a]	Number	Rate[a]
New York State						
1975	94,329	51	8,907	5	85,422	46
1980	86,033	50	6,816	4	79,217	46
1985	85,214	60	5,135	4	80,079	56
New York City						
1975	48,446	82	N/A	—	N/A	—
1980	42,045	68	5,383	9	36,662	59
1985	49,838	91	3,983	7	45,855	83
Rest of the State						
1975	45,883	36	N/A	—	N/A	—
1980	43,988	40	1,433	1	42,555	39
1985	35,376	41	1,152	1	34,224	39

[a]The arrest rate is the number of arrests per 1,000 juveniles 10 through 15 years old in the general population. Arrests of youth under 10 years of age were subtracted from the total when computing arrest rates.

[b]Violent offenses include the Part I offenses of criminal homicide, rape, robbery, and aggravated assault.

Source: New York State Division of Criminal Justice Services, 1979, 1981, 1986b.

BOX A
Categories of Court-Related Youth

Two separate but interrelated systems have been developed to deal with young persons who are involved with the law in New York State. Within these systems, complex procedures have been developed for determining the guilt of youth who are alleged to have committed crimes or to have misbehaved. The systems are organized by the age of the offender and the severity of the crime or misbehavior. In general, youth less than 16 years old are processed by the juvenile justice system, and those 16 years of age and over are processed by the adult criminal justice system. There are, however, exceptions. A better understanding of the distinctions between the systems can be achieved by defining the major categories of youth involved in the legal system.

Youth who become involved in the legal system in New York State are classified according to five major categories. These are: persons in need of supervision, juvenile delinquents, juvenile offenders, youthful offenders, and criminal offenders. The interrelationships of these categories of court-related youth are presented in Figure III.

Person in Need of Supervision (PINS) — is a status used in family court for a youth under 16 years of age who is an habitual truant or is incorrigible, ungovernable, habitually disobedient and beyond the lawful control of his parents, guardian, or lawful custodian, or who violates the law prohibiting possession of marijuana (New York State Family Court Act, Sec. 712a).* These behaviors are not considered crimes if committed by someone 16 years of age or over. These youth are often referred to as status offenders.

Juvenile Delinquent (JD) — is a status used in family court for a youth over 7 but under 16 years of age who is found by the family court to have committed one or more acts that, if committed by an adult, would constitute a crime. Special procedures were established for handling youth alleged to have committed one or more specified acts (e.g., first- or second-degree murder, first-degree rape, robbery) which are classified as designated felonies.

Juvenile Offender (JO) — is a juvenile 14 through 15 years of age who is charged with any one of 15 specified offenses (e.g. forcible rape, robbery, aggravated assault) or is 13 years old and is charged with second degree murder. With the enactment of the New York Juvenile Offender Law in 1978, the adult criminal court system has initial jurisdiction over these youth. Under certain conditions, some JO cases can be removed to family court for handling as a juvenile delinquent case. Return to family court is at the discretion of the district attorney, and can occur at any time during the criminal court process. While JOs are handled in the adult court system, their detention and initial confinement, if any, is provided in facilities used primarily by the juvenile justice system.

Youthful Offender (YO) — is a special status that can be granted by the criminal courts to youth less than 19 years old (including juvenile offenders) who are convicted of all but the most serious of crimes and who have no record of prior conviction for serious crimes. Youthful offender status provides an individual with privileges related to the future sealing of criminal records and involves a less severe sentencing structure. However, it may result in incarceration of the youth in an adult facility.

Criminal Offender — is an individual who has committed a crime in New York State after his or her sixteenth birthday. Youth 16 through 20 years of age who commit an offense are handled as adults in criminal court. Criminal offender is not a recognized legal status; it is used here to clarify the various categories of youth who become involved in the criminal justice system.

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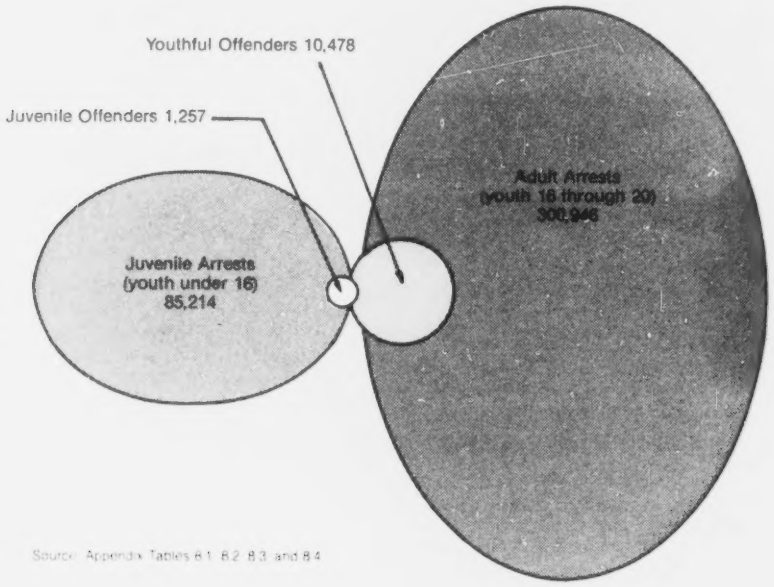
*Statutorily, PINS include persons up to the age of 18, but the New York Court of Appeals has ruled that unconstitutional as applied. The statute has not been amended to reflect this ruling, so PINS petitions are not accepted for youth 16 or over.

Figure III **Arrests of Youth 20 Years of Age and Under**
1985



Source: Appendix Tables 8.1, 8.2, 8.3, and 8.4

The juvenile arrest rate for New York City is considerably higher than that for the rest of the state. The rate of arrests per 1,000 youth in New York City in 1985 was 91, compared with 41 for the rest of the state. Fairly substantial variations in the arrest rate exist from year to year for New York City; however, the rate was 82 per 1,000 in 1975 and 91 per 1,000 in 1985. In the rest of the state, the number of juvenile arrests declined, while the arrest rate was stable. In line with the trend for the state as a whole, the arrest rate for violent offenses for the rest of the state has remained stable at 1 per 1,000 youth. However, the arrest rate for violent offenses has decreased in New York City from 11 arrests per 1,000 youth in 1978 to 7 per 1,000 in 1985.

As implied by the arrest rates just described, a disproportionate share of juvenile arrest activity occurred in New York City. While New York City accounts for only 36 percent of the state's population in the 10- through 15-year-old category, 58 percent of all juvenile arrests statewide in 1985 were recorded there.

Intake to the Family Court Process

Arrests and other complaints that could lead to family court proceedings must first be referred to the local probation department's intake unit.* As discussed previously, in many cases, probation intake personnel attempt to find some solution acceptable to the complainant which avoids initiating the formal court process. These adjustments may involve resolution through discussions with the involved parties, restitution to the victim, or referral of the youth to specialized diversion projects or other appropriate community services. If a solution acceptable to all parties cannot be reached, or if the alleged crime in a delinquency case falls within a statutory provision that restricts adjustment, the case will be referred for petition and the complainant will be assisted in filing a petition alleging delinquency or person in need of supervision.

In the past several years, the number of JD cases opened for intake by probation departments throughout the state has decreased substantially. As can be seen in Table 2, in 1985, there were 28,259 JD cases opened for intake, representing a decline of over 14,000 or 34 percent, from 1975. This decline was caused by a substantial drop in JD cases opened for intake in New York City, where intakes fell by more than half (62%) from 25,814 in 1975 to 9,807 in 1985. This decline in JD cases opened in New York City was slightly offset by a 10 percent increase in the number of JD cases opened in the rest of the state. The number of PINS intakes, on the other hand, climbed from 15,652 in 1975 to 17,628 in 1985, a 13 percent increase.

When a case is brought to probation intake, the intake officer either resolves the situation, thereby terminating the case, diverts the case from family court through adjustment, or refers the case for petition to family court. The percentage of cases referred for petition increased during the period 1975 through 1985.

*Not all arrests are referred to petition to family court. As mentioned previously, an arrest occurs when a police officer brings a youth into custody. Because a large number of these youth are released without further action, the number of youth referred to probation intake or family court is approximately half of all youth arrested.

BOX B

Recent Legislative Changes in the Juvenile Justice System

Article 3 of the Family Court Act In July 1983, a new Article 3 of the Family Court Act was implemented which established uniform procedures for handling youth who are alleged to have committed one or more criminal acts. Prior to this date, the handling of juvenile delinquency cases varied from jurisdiction to jurisdiction, with courts selectively applying criminal standards and case law to delinquency proceedings. The result was that conflicting rules were applied from county to county and even between courtrooms in the same county. This caused confusion among practitioners and denied juveniles a basic uniform standard of justice across jurisdictions. Included among the procedures and responsibilities established under this Article were procedures for law enforcement agencies for handling juvenile delinquents and for detention programs and county departments of probation for conducting the initial interview, and for adjusting and adjudicating cases.

PINS Adjustment Services Act PINS cases tend to involve family and human service issues. To reduce the large number of youth who become involved in the family court process in New York State, the PINS Adjustment Services Act was enacted during 1985. The law provides incentives and guidelines for counties to develop comprehensive service plans for diverting PINS youth from family court and mandates the diversion of youth with specific problems for whom a petition to family court is being requested. The law further requires that service plans are based upon a comprehensive assessment of the needs of the youth and his or her family. The legislation includes incentive funding for localities to develop currently unavailable services required by these youth and their families.

for both PINS and JDs. For JD cases, the percentage referred for petition in 1975 increased from 38 percent to 61 percent in 1985. The percentage of PINS intake cases referred for petition increased from 48 percent in 1975 to 65 percent in 1985 (OCA, 1976; 1986).

There were differences in the proportion of cases adjusted by probation intake in New York City from that in the rest of the state. A smaller proportion of cases (both PINS and JDs) were adjusted in New York City than in the rest of the state, while a higher proportion were referred for petition.

Detention

After a youth is arrested for alleged participation in the court process, he or she can be placed in detention while it is ascertained that the youth presents a risk of committing other offenses or of not returning for court proceedings. Many youth for whom PINS or JD petitions are pending are released to their parents or other caretakers. For some youth, however, detention is used rather than release is made. Two types of detention programs, secure and non-secure, are used in New York State under the supervision of the Division for Youth (DFY). Secure detention facilities are characterized by physically restricting youth's movement and by procedures (Family Court Act §739). These features are absent in non-secure programs. A youth alleged to be or adjudicated as a PINS may not be placed in secure detention. Youth alleged to be or adjudicated as a JD can be placed in either secure or non-secure detention.

Detention statistics must be interpreted with caution because New York City has adopted a policy that PINS may not be held in non-secure detention facilities, but instead should be placed, if necessary, with the New York City's Social Services Department for emergency shelter. This policy, which results in lower numbers of youth admitted to non-secure detention, affects the statistics concerning the distributions of youth detained on PINS petitions and youth in non-secure detention in New York City.

As can be seen in Table 3, there were 5,414 admissions to secure detention and 5,548 admissions to non-secure programs in 1985.* The overall number of detention admissions was slightly higher than 1984, but was 8 percent lower than 1980. Much of this decline occurred in New York City where detention admissions dropped 24 percent from 1980 to 1985, although there was a 4 percent increase in the rest of the state.

A dramatic shift in the pattern of utilization of secure and non-secure detention has occurred since 1979 (see Appendix Table 8.2). Much of the reason for this change had to do with the enactment of the Federal Juvenile Justice and Delinquency Prevention Act which established national standards for juvenile justice. Among the standards established by the Act was a restriction against the use of secure detention for juveniles alleged or found to have committed noncriminal acts (i.e., PINS). While only one-third of all statewide admissions of PINS and JDs were to non-secure programs in 1979, this proportion increased to over one-half (51%) by 1985.

During 1985, 69 percent of all admissions to non-secure detention were youth alleged to be or adjudicated as PINS, 26 percent were alleged to be or adjudicated as JDs, 5 percent had no adjudication status, and less than 1 percent were juvenile offenders (see Table 3). Juvenile delinquents represented the majority of secure detention admissions (84%) and 13 percent were juvenile offenders.

New York City tended to use non-secure detention for JDs to a greater degree than the rest of the state. Ninety-two percent of all admissions to non-secure detention in New York City were JDs, while only 18 percent of admissions to non-secure detention in the rest of the state were JDs. The majority of admissions to non-secure detention in areas of the state outside New York City were PINS (78%), while the figure for New York City was 1 percent.

The typical length of stay for youth held in non-secure detention exceeds that for juveniles in secure detention. Nearly half (51%) of all juveniles released from non-secure detention in 1985 were held for 10 days or less, while 21 percent were held for more than one month. The corresponding figures for secure detention were 63 percent and 16 percent, respectively. Changes in the average length of stay for both secure and non-secure detention were noted between 1980 and 1985. For secure detention, the mean length of stay decreased slightly from 19 days in 1980 to 18 days in 1985. For non-secure detention, the mean length of stay increased from 14 days in 1980 to 20 days in 1985 (DFY, 1981, 1986).

Family Court Processing

In 1985, there were over 45,800 JD and PINS complaints presented to probation intake. Of these, approximately 27,000 PINS and JD cases were petitioned to family court. The involvement with family court

TABLE 2

Probation Intake Processing
New York State, New York City, Rest of the State
1975, 1980, 1985

Intake Processing	Juvenile Delinquents			Persons in Need of Supervision		
	1975	1980	1985	1975	1980	1985
			New York State			
Number Cases Opened	**42,518**	**34,589**	**28,259**	**15,652**	**15,955**	**17,628**
Action Taken:[a]						
Terminated	18%	9%	1%	18%	9%	9%
Adjusted	44	38	38	34	38	26
Referred for Petition	38	53	61	48	53	65
			New York City			
Number Cases Opened	**25,814**	**16,456**	**9,807**	**5,134**	**4,924**	**5,299**
Action Taken:[a]						
Terminated	24%	13%	0%[b]	21%	5%	9%
Adjusted	38	26	21	20	31	18
Referred for Petition	38	61	79	59	64	73
			Rest of the State			
Number Cases Opened	**16,704**	**18,133**	**18,452**	**10,518**	**11,031**	**12,329**
Action Taken:[a]						
Terminated	10%	5%	1%	17%	11%	9%
Adjusted	52	49	48	40	41	30
Referred for Petition	38	46	51	43	48	61

[a]Percentages are based on the total number of cases processed through probation intake during the year rather than the number of cases opened. Statistics on the total number of cases processed are very comparable, differing only by the small fraction of cases carried over from one year to the next.
[b]Less than 0.5 percent.

Source: New York State Division of Probation and Correctional Alternatives, 1979, 1981, 1986.

begins for PINS when the complainant formally files a petition with the court clerk alleging some form of misconduct. Juvenile Delinquency petitions, however, are filed by the county attorney, corporation counsel, or district attorney. Initial hearings are then scheduled for all PINS petitions and approved JD petitions.

A number of possible paths can be taken within the family court process (see Figure I), but the major paths reflect two decisions. The first decision is whether the allegations regarding the youth's behavior and his or her need for supervision, treatment, or confinement (in the case of JDs), as set forth in the petition, are indeed true. This determination is accomplished in an initial hearing if the youth admits to committing the alleged act or in a fact-finding hearing if the youth does not admit to the alleged act. If the allegations are admitted to or proven and it is determined that the youth requires supervision, treatment, or confinement, the court enters a finding, referred to as an adjudication, that the youth is a juvenile delinquent or a person in need of supervision. If the youth pleads not guilty and the allegations are not proven the case is dismissed.

TABLE 3

Admissions to Non-Secure and Secure Detention New York State, New York City, Rest of the State 1980, 1985

	1980		1985	
	Number	Percent	Number	Percent
New York State				
Total	**11,948**	**100%**	**10,962**	**100%**
Total Non-Secure	**5,165**	**100**	**5,548**	**100**
JD	1,983	38	1,440	26
JO	1	0[a]	14	0[a]
PINS	2,781	54	3,833	69
Other	400	8	261	5
Total Secure	**6,783**	**100**	**5,414**	**100**
JD	5,109	75	4,543	84
JO	1,219	18	697	13
PINS	42	0[a]	0	0
Other	413	6	189	3
New York City				
Total	**5,138**	**100%**	**3,886**	**100%**
Total Non-Secure	**1,040**	**100**	**629**	**100**
JD	995	96	577	92
JO	0	0	8	1
PINS	4	0[a]	6	1
Other	40	4	38	6
Total Secure	**4,099**	**100**	**3,257**	**100**
JD	2,944	72	2,747	84
JO	1,039	25	478	15
PINS	4	0[a]	0	0
Other	112	3	32	1
Rest of the State				
Total	**6,809**	**100%**	**7,076**	**100%**
Total Non-Secure	**4,125**	**100**	**4,919**	**100**
JD	987	24	860	18
JO	1	0[a]	6	0[a]
PINS	2,777	67	3,819	78
Other	360	9	202	4
Total Secure	**2,684**	**100**	**2,157**	**100**
JD	2,165	81	1,778	83
JO	180	7	219	10
PINS	38	1	0	0
Other	301	11	145	7

[a]Less than 0.5 percent.

Source: New York State Division for Youth, 1981, 1986

For the adjudicated cases, the second decision is how best to meet the youth's need for supervision, treatment, or confinement. This decision is considered at a dispositional hearing which results in an order of disposition. The dispositional hearing may occur at the same time as the adjudication. The court can order the following dispositions: 1) a discharge with warning (applicable only for PINS); 2) a suspended judgment (PINS only); 3) a conditional discharge (JDs only); 4) a term of probation supervision; and 5) an out-of-home placement, usually under the custody of the Division for Youth or the local social services district. In addition, the court can order placement in facilities operated by the Office of Mental Health and the Office of Mental Retardation and Developmental Disabilities. Terms and conditions, including such things as participation in community programs, restitution, observing a curfew, and attending school, may be imposed as part of an order of suspended judgement, conditional discharge, or probation.

A special order of the court, called an Adjournment in Contemplation of Dismissal (ACD), can be made prior to disposition. An ACD is a suspension of the proceedings for a period of not more than six months, after which the case is automatically dismissed unless some development, such as further misbehavior by the youth, necessitates that the matter be returned to the court for reconsideration. The court may specify certain terms and conditions as part of an ACD order including supervision by a probation officer during the ACD period.

Adjudication

A court determination (either adjudication or dismissal) was reached for 14,661 JD petitions and 12,555 PINS petitions in 1985 (Office of Court Administration [OCA], 1986b). Unfortunately, statistics are available for only a limited number of these cases.

For the 9,828 JD cases and the 7,055 PINS cases in family court for which data were available, the majority of both types of petitions were dismissed, withdrawn, or otherwise end in no adjudication. An adjudication of juvenile delinquency was reached for 45 percent of the JD petitions in New York State in 1985 (OCA, 1986a). Of the remaining 5,405 JD petitions for which no adjudication was entered, 56 percent (3,027 cases) were dismissed outright or withdrawn,

and 36 percent (1,946 cases) were dismissed following an ACD. For PINS, 24 percent of the petitions (1,667 cases) resulted in an adjudication. Of the remaining 5,388 petitions for which no adjudication was entered, 71 percent (3,825 cases) were dismissed outright or withdrawn and 24 percent (1,293 cases) were dismissed following an ACD. Trends in the percentage of youth adjudicated from 1980 to 1985 show an increase in the adjudication rate for JDs (from 34% to 45%) and a decrease for PINS (from 44% to 24%). (OCA, 1981, 1986b).

Dispositions

Complete statistics are not available on the number of youth adjudicated as PINs or JDs by famly courts According to the Office of Court Administration, family court adjudicated 4,423 JDs and 1,667 PINS in 1985 (OCA, 1986a). For JDs, the most common disposition was probation supervision (52%), while for PINS the most common disposition was placement with a commissioner of social services (70%). The number of PINS placed in voluntary residential child care agencies between 1980 and 1985 represented over a 90 percent increase in the actual number of PINS placed under the responsibility of DSS (OCA, 1981, 1986b).

During this same period, the Division of Probation and Correctional Alternatives reported the number of PINS placed on probation supervision increased slightly while the number of JDs placed on probation decreased. Between 1980 and 1985, the number of cases placed on probation increased from 2,877 to 2,965 for PINS (a 3% increase) and from 3,330 to 2,875 for JDs (a 14% decrease). There were differences in the use of probation for PINS from New York City and the rest of the state. Only 6 percent of the PINS placed on probation statewide in 1985 were from New York City (181 cases). On the other hand, 37 percent of the state's JDs (1,065 cases) who were placed on probation were from New York City (New York State Division of Probation and Correctional Alternatives [DPCA], 1981, 1986).[5]

Juvenile Offenders

There have been 10,488 juvenile offender (JO) arrests since the Juvenile Offender Law was enacted in 1978 (DCJS, 1986a). The number of JO arrests, statewide, peaked in 1981 when 1,634 arrests were made. Since that time, the number of JO arrests per year

[5]In 1982, nearly 1,800 petitions were filed in family court alleging a violation of the terms and conditions of the original order of probation. If such allegations are upheld by the court, the judge can enter a new disposition. Over the past several years, approximately one-third of all such petitions resulted in an order placing the youth in a residential program.

TABLE 4

Juvenile Offender Arrests
New York State, New York City, Rest of the State
1978, 1980, 1985

	1978		1980		1985	
	Number	Percent	Number	Percent	Number	Percent
			New York State			
Total Arrests	**578**	**100%**	**1,510**	**100%**	**1,257**	**100%**
Prosecuted	442	77	1,167	77	935	74
Not Prosecuted	71	12	166	11	56	5
Missing Disposition	65	11	177	12	266	21
Rate of Conviction of those Arrested	15%		23%		28%	
			New York City			
Total Arrests	**496**	**100%**	**1,306**	**100%**	**1,051**	**100%**
Prosecuted	402	81	1,076	82	801	76
Not Prosecuted	69	14	165	13	52	5
Missing Disposition	25	5	65	5	198	19
Rate of Conviction of those Arrested	16%		23%		28%	
			Rest of the State			
Total Arrests	**82**	**100%**	**203**	**100%**	**206**	**100%**
Prosecuted	40	49	90	44	134	65
Not Prosecuted	2	2	1	0[a]	4	2
Missing Dispositions	40	49	112	55	68	33
Rate of Conviction of those Arrested	7%		18%		28%	

[a]Less than 0.5 percent

Note: State totals may include arrests from unspecified counties, therefore, New York City and rest of the state may not equal state total.

Source: New York State Division of Criminal Justice Services, 1986a

has gradually declined to 1,257 arrests in 1985 (see Table 4).

JO arrests in New York City accounted for the majority of JO arrests in the state. Between 1978 and 1985, 84 to 89 percent of all JO arrests in New York State occurred in New York City (see Figure IV and Appendix Table 8.3). As a result, trends in the numbers of JO arrests in New York City closely resembled the state total, with the number of JO arrests in New York City peaking in 1981 at 1,436 arrests and gradually declining to 1,051 arrests in 1985.

As mentioned previously, youth arrested under the Juvenile Offender Law are prosecuted in adult criminal court. The criminal court in New York State has jurisdiction over both misdemeanors and felonies. At the arraignment, a JO case is either dismissed due to insufficient evidence, removed to family court, or brought to trial. Removal to family court occurs for two reasons. In some cases, there is insufficient evidence to proceed with a felony charge. However, because there are reasons to believe the youth committed other acts which would be crimes if he were an adult, the case is removed to family court where the youth may possibly be adjudicated as a juvenile delinquent. In other cases, due to mitigating circumstances such as the crime alleged is a first offense, the court (with the consent of the district attorney in serious cases) decides that the interest of justice will not be served by prosecuting the youth as a juvenile offender. In these situations, the case is removed to family court where the youth, in most instances, is treated as a designated felon.[6]

[6]The Designated Felony Act was enacted in 1976, two years prior to the enactment of the Juvenile Offender Law, to provide procedures for handling youth who commit one or more specified acts (e.g., first-or second-degree murder, first-degree rape, robbery) which, if committed by an adult, would constitute a crime. The Act prescribed more severe penalties for these youth. There were 543 Designated Felony petitions disposed in New York State during 1985. Of these, 363 petitions (67%) were disposed in New York City and 180 petitions (33%) were disposed in the rest of the state (OCA, 1986a).

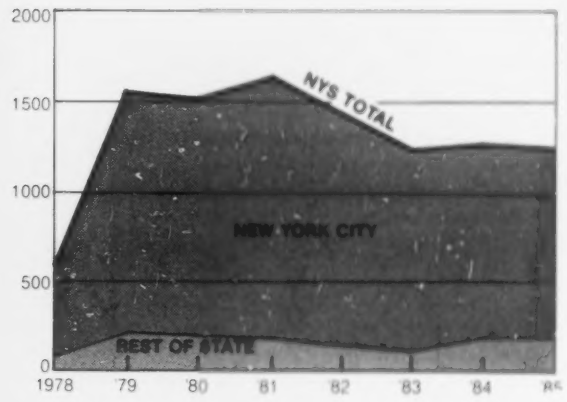
TABLE 5
Dispositions
Juvenile Offender Arrests
New York State, New York City, Rest of the State
1978, 1980, 1985

	1978		1980		1985	
	Number	Percent	Number	Percent	Number	Percent
New York State						
Total Prosecuted	**442**	**100%**	**1,167**	**100%**	**935**	**100%**
Dismissed	93	20	292	25	254	27
Acquitted	6	1	16	1	8	1
Convicted	81	18	332	29	350	37
Removed to Family Court	256	60	515	44	315	34
Other Disposition	6	1	12	1	8	1
% Youthful Offender	53%		57%		71%	
New York City						
Total Prosecuted	**402**	**100%**	**1,076**	**100%**	**801**	**100%**
Dismissed	82	21	274	25	232	29
Acquitted	5	1	14	1	6	1
Convicted	75	19	296	28	292	36
Removed to Family Court	234	58	480	45	264	33
Other Disposition	6	1	12	1	7	1
% Youthful Offender	56%		57%		70%	
Rest of the State						
Total Prosecuted	**40**	**100%**	**90**	**100%**	**134**	**100%**
Dismissed	11	28	18	20	22	16
Acquitted	1	2	2	2	2	1
Convicted	6	15	36	40	58	43
Removed to Family Court	22	55	34	38	51	38
Other Disposition	0	0	0	0	1	<1
% Youthful Offender	17%		53%		74%	

Note: State totals may include dispositions from unspecified counties, therefore, New York City and rest of the state may not equal state totals.

Source: New York State Division of Criminal Justice Services, 1986a.

Figure IV **Juvenile Offender Arrests**



Source: Appendix Table 8.2

There were 1,257 juvenile offender arrests during 1985 (DCJS, 1986a). Of these arrests, there were 266 cases (21%) in which there were no records of the disposition and 56 cases (5%) were not prosecuted. In the remaining 935 cases, 350 cases (37%) resulted in conviction, 315 cases (34%) were removed to family court, and 254 cases (27%) were dismissed (see Table 5). There were eight cases for which the disposition was unknown.

Between 1978 and 1985, approximately half of all JO convictions resulted in imprisonment (DCJS, 1986). Juvenile offenders who are convicted in adult court and sentenced to a term of imprisonment are initially confined in a secure facility operated by DFY, although they may later be transferred to a facility operated by the Department of Correctional Services (DOCS). This transfer may occur after the youth has reached age 19, if, in the opinion of the Director of the Division for Youth, DOCS is in a better position to serve the youth. Otherwise, youth must be transferred when they reach 21 years of age.

After a sentence of imprisonment, the next most common sentence has been probation. Since the Juvenile Offender legislation was enacted, the percentage of convicted JOs receiving a sentence of probation ranged between 32 to 42 percent. During that same period (1978 through 1985), the percentage of convicted JOs receiving a sentence of both jail and probation has risen from less than 1 percent of all convictions in 1978 to 15 percent of convictions in 1985 (DCJS, 1986a).

CRIMINAL JUSTICE SYSTEM

In New York State, youth 16 through 20 years of age are treated as adults for purposes of criminal prosecution.[7] Therefore, cases involving these youth are prosecuted in criminal court and their confinement, if any, is provided by the adult criminal justice system. The following sections describe the numbers of youth who became involved in the criminal justice system, the prosecution and dispositions of these cases, and the numbers of youth who were incarcerated in jails, penitentiaries, and prisons. A separate section is included for youthful offenders, which is a special status granted to some of these youth.

Arrests of Youth 16 Through 20 Years of Age

There were a total of 300,946 arrests of persons 16 through 20 years of age in 1985 (DCJS, 1986a). Individuals 16 through 20 years of age comprised 10.2 percent of the New York State population 16 years of age and older, however, they represented 28 percent of all adult arrests made in New York State in 1985. For Part I Violent Offenses (i.e., criminal homicide, rape, robbery, and aggravated assault), 30 percent of all 1985 adult arrests involved youth 16 through 20 years of age. Youth between 16 and 21 years old were also responsible for 33 percent of the arrests for all Part I Offenses (i.e., burglary, larceny, and motor vehicle theft in addition to the violent offenses listed above). (See Box C for a description of arrest classifications).

The volume of arrests of youth 16 through 20 years old has increased dramatically during the last decade, peaking in 1983 at 326,155 (DCJS, 1986a). Arrests almost doubled between 1975, when there were 159,131 arrests, and 1985, when there were 300,946 arrests (See Table 6). The rate of increase was most substantial in the late 1970s, rising 62 percent between 1975 and 1979. The increase from 1979 to 1983, however, was still significant — a climb of over 70,000 arrests (a 28 percent increase). However, between 1983 and 1985, there was an 8 percent decline in the total number of youth arrests.

Despite the increase in total arrests, Table 6 shows that the arrests of 16- through 20-year-olds for all Part I Offenses actually declined between 1975 and 1985 — from 61,024 to 48,452, a 21 percent drop. Arrests for Part I Violent Offenses declined 2 percent over the course of the ten-year period. During that period, the number of youth arrests for Violent Part I crimes climbed from 15,671 in 1975 to a high of 16,882 in 1983, and then declined to 15,323 in 1985.

As was the case for juvenile arrests, a disproportionate number of arrests of youth 16 through 20 years of age were made in New York City (see Figure V and Appendix Table 8.4). The majority of these arrests in 1985 were for Part II crimes (89%). Youth arrests in 1985 in New York City totaled 210,981 compared with 89,965 in the rest of the state. This disproportionate arrest pattern was especially true for arrests for Part I Violent Offenses. In 1985, three-quarters (76%, or 11,569 arrests) of the youth arrested for these most serious, violent crimes were made in New York City. Arrests in New York City accounted for almost one-half (49%) of the arrests made statewide for all Part I Offenses and for about two-thirds (70%) of all arrests.

[7] Juvenile offenders, youth under 16 years of age who are charged with any one of 15 specific offenses, are also prosecuted in criminal court, however, their confinement until age 20 is provided in the juvenile justice system.

Youth Detained Pending Court Processing

Following arrest and prior to sentencing for those persons who are convicted, a person may be detained in local correctional facilities (e.g., county jails). Such detention may be ordered for all or part of this period depending upon the circumstances of the case and other factors. Other alleged offenders are released on their own recognizance or released after posting bail.

Because statistics on the number of youth detained were not compiled in New York City before 1984, trend data on the number of youth detained there and in New York State cannot be discerned. During 1985, 37,262 youth were detained for court processing statewide (New York State Commission on Correction [SCOC], 1986). This represents a 6 percent increase from the figure in 1984. Most of the youth (65%) detained were from areas of the state outside of New York City (24,093). New York City youth accounted for 35 percent of the total or 13,169 youth (SCOC, 1985, 1986).

Statistics on the number of youth admitted to jails prior to 1984 are available for the area of the state outside of New York City. The 24,093 youth detained for court processing outside of New York City in 1985 represented a 15 percent decrease in the number detained in 1980 (28,282).*

Youthful Offenders

As has been mentioned previously, after an arrest, the special status of youthful offender can be conferred by the courts upon certain youth less than 19 years old who are convicted of all but the most serious crimes and who have no record of prior conviction for serious crimes. This status shields the offender to some

*Variations exist in the record-keeping practices of various counties. As a result, the number of youth who are admitted to county jails during a specific period (i.e., one month) for purposes of detention are not necessarily the number of individuals incarcerated during that period. In some cases, every time a youth enters the jail (e.g., returning to jail after a court session), he or she is counted as an admission, regardless of whether or not the youth's incarceration is for the same crime.

BOX C
Arrest Classifications

Criminal offenses are divided into two categories: Part I and Part II Offenses. Part I Offenses are typically more serious and most violent crimes are included in this category.

Part I Offenses

1 A. Murder
B. Non-Negligent Manslaughter
C. Negligent Manslaughter
2. Forcible Rape
3. Robbery
4. Aggravated Assault
5. Burglary-Breaking/Entering
6. Larceny-Theft (Except Motor Vehicle)
7. Motor Vehicle Theft

Part II Offenses

8. Arson
9. Kidnapping
10. Controlled Substances – Sales/Manufacture
A. Opium, Cocaine, or Derivative
B. Marijuana
C. Synthetic Narcotics
D. Other Dangerous Drugs
11. Dangerous Weapons
12. Bribery
13. Sex Offenses (Except Forcible Rape)
14. Extortion
15. Forgery and Counterfeiting
16 A. Promoting Prostitution
B. Prostitution
C. Patronizing Prostitution
17. Buying or Receiving Stolen Property
18. Coercion
19. Criminal Mischief (Vandalism)
20. Fraud
21 A. Gambling-Bookmaking
B. Gambling-Numbers and Lottery
C. Gambling-Other
22. Offenses Against Public Order
23. Embezzlement
24. Simple Assault
25. Offenses Against Family
26 A. Driving Under the Influence of Alcohol
B. Driving Under the Influence of Drugs
27. Unauthorized Use of Motor Vehicle
28. Possession of Burglar's Tools
29. Liquor Law Violations
30. Disorderly Conduct
31. Public Narcotic Intoxification
32. Loitering (Vagrancy)
33. All Other Offenses-Not Included Above

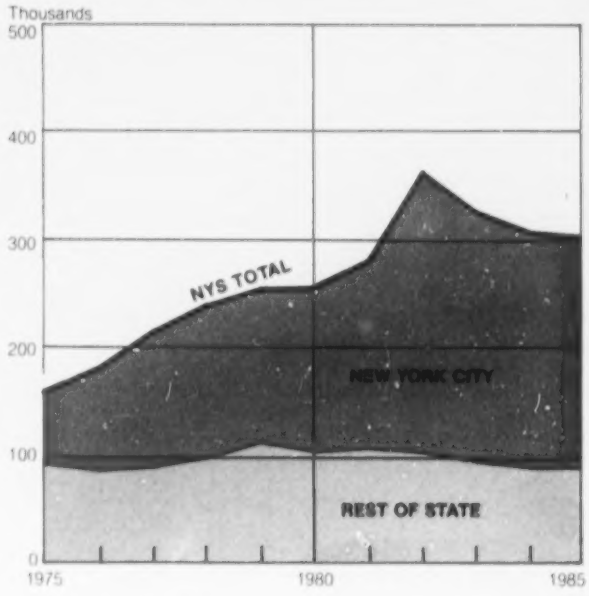
Source: New York State Division of Criminal Justice Services, 1986

degree from the adverse stigma associated with being a convicted criminal. Youthful offender records are sealed and later expunged if the YO is not convicted of another crime before the age of 19. Additionally, YOs are subject to a less severe sentencing structure than other convicted adults. Youthful Offender status can also be granted to juvenile offenders; however, statistics reported in this section are only on youth 16 through 18 years of age. For statistics on the number of JOs granted YO status see Table 5.

With the exception of 1977, when a sharp decline was noted, the number of youth ages 16 through 18 granted YO status gradually increased from a low of 9,190 in 1974 to a high of 13,181 in 1981 (see Appendix Table 8.5). Since 1981, this number has gradually declined to 10,478 in 1985. The majority of youth aged 16 through 18 granted YO status between 1974 and 1985 were prosecuted for misdemeanor offenses (see Figure VI and Appendix Table 8.6). In 1975, 6,944 YOs ages 16 through 18, or 71 percent of the total, were prosecuted for misdemeanors[9]. In 1980, this figure

[9]The criminal court in New York State is divided into two parts – lower and upper courts. The lower court hears most arraignments and misdemeanor cases. The upper court hears all felony cases and a small percentage of misdemeanor cases (approximately 5%). For purposes of clarification, we have discussed the prosecution of YOs in terms of prosecution for misdemeanor and felony offenses. To do this, we have equated lower court prosecutions with prosecution of YOs for misdemeanor offenses and upper court prosecutions with prosecution of YOs for felony offenses.

Figure V **Arrests of Youth 16-20**



Source: Appendix Table 8.3

TABLE 6
Arrests of Youth
16 Through 20 Years of Age
New York State, New York City, Rest of the State
1975, 1980, 1985

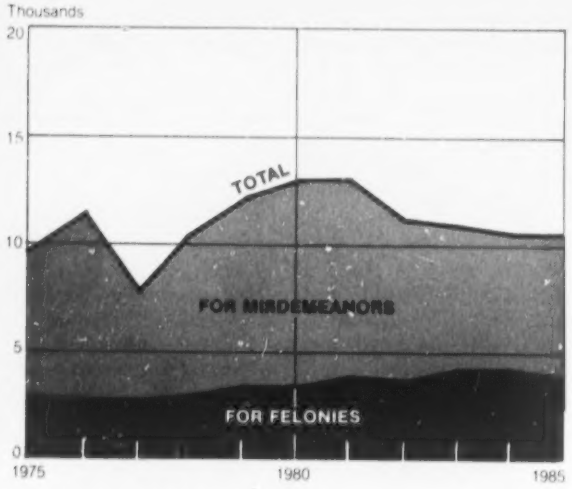
	1975		1980		1985	
	Number	Percent	Number	Percent	Number	Percent
			New York State			
All Offenses	159,131	100%	255,311	100%	300,946	100%
Part I	61,024	39	61,288	24	48,452	16
Violent	15,671	26	16,727	27	15,323	32
All Others	45,353	74	45,101	73	33,129	68
Part II	96,508	61	193,483	76	252,494	84
			New York City			
All Offenses	66,117	–	145,735	100%	210,981	100%
Part I	N/A	–	30,148	21	23,811	11
Violent	N/A	–	12,367	40	11,569	49
All Others	N/A	–	17,781	60	12,242	51
Part II	N/A	–	115,587	74	187,170	89
			Rest of the State			
All Offenses	93,014	–	109,576	100%	89,965	100%
Part I	N/A	–	31,680	29	24,641	27
Violent	N/A	–	4,362	14	3,754	15
All Others	N/A	–	27,318	86	20,887	85
Part II	N/A	–	77,896	71	65,324	73

Note: Statistics on offenses by age are not available for 1975.
Source: New York State Division of Criminal Justice Services, 1976, 1981, 1966b

climbed to 9,968, or 76 percent. In 1985, YOs prosecuted for misdemeanors declined to 6,505, representing only 62 percent of the total number of YO cases prosecuted that year.

There has been very little variation in the sentences that YOs received during the last ten years. Of the 6,505 YOs prosecuted for misdemeanors in 1985, 2,979 (46%) were sentenced to terms of probation, 1,371 (21%) received a conditional discharge, 532 (8%) received jail sentences, and 484 (3%) were fined and given a conditional discharge. The remainder, 1,139 (18%) received various sentences including probation and fine, jail and probation, probation and fine, and fine and license suspended. Of the 3,973 YOs prosecuted for felonies, 2,388 (60%) received sentences of probation, 823 (21%) received sentences of jail and probation, 339 (8%) received jail sentences, and 276 (7%) received prison sentences. The remaining 4 percent received a variety of sentences including probation and fines, and conditional discharges (DCJS, 1986a).

Figure VI **Prosecution of Youthful Offenders 16-18**



Source: Appendix Table 8.4

Sentencing of Convicted Offenders

A number of sentencing options exist for those youth (YOs and criminal offenders 16 through 20 years of age) who are convicted of criminal offenses by the courts. Among these options, three forms of correctional supervision – probation, local incarceration, and state incarceration – are the most common sentences.

In 1985, there were 14,821 cases of persons less than 21 years of age placed under adult probation supervision throughout the state (DPCA, 1986). This figure includes 115 youth less than 16 years old, 8,031 youth 16 through 18 years old, and 6,790 youth 19 through 20 years old. Youth in these age categories represented 37 percent of all adults placed on probation in 1985.

There were 5,841 youth (16 through 20 years old) placed on adult probation supervision in New York City in 1985, representing 39 percent of the state total. In the rest of the state, there were 9,095 youth placed on probation, 61 percent of the statewide total.

The 5,841 youth placed on probation supervision in New York City represented a small decrease (4%) from 1977 when there were 6,109 youth placed on probation supervision. The figures for the rest of the state showed a slightly larger decrease (7%), from 9,785 cases in 1977 to 9,095 cases in 1985. The proportion of the adult probation caseload comprised of youth fell considerably from 1977 to 1985. In 1977, youth represented 52 percent of the incoming probation caseload but only 43 percent of the 1985 incoming caseload.

In most counties (including New York City) criminal offenders who are sentenced to terms of imprisonment of less than one year are incarcerated in county jails. In four counties (Westchester, Erie, Albany, and Onondaga), these offenders are incarcerated in penitentiaries.

The New York State Commission on Correction is responsible for gathering data on youth sentenced to county jails and penitentiaries. Because statistics such as race/ethnicity, crimes committed, and length of sentence are not compiled by age of inmate it is difficult to get an accurate description of the youth who are sentenced to these institutions.

During 1985, 10,450 youth between the ages of 16 and 20 were sentenced to county jails and penitentiaries in New York State. The majority of youth sentenced to county jails and penitentiaries are males. In 1985, there were 9,453 males sentenced, accounting for 91 percent of all admissions (Table 7).

Data on commitments to county jails in New York City were not compiled by age group until 1984. As a result, it is not possible to discuss trends in the incarceration of youth 16 through 20 years of age in New York State and New York City. Admissions for sentencing to county jails and penitentiaries outside of New York City increased by 14 percent between 1975 and 1980 when 7,860 and 8,936 youth were sentenced, respectively. In 1985 the number of youth 16 through 20 years of age sentenced in these facilities was 6,939, a decline of 22 percent from the number sentenced in 1980 (SCOC, 1981, 1986).

The New York State Department of Correctional Services (DOCS) compiles data on youth committed to the state prison system. During 1985, there were 2,376 commitments of youth ages 16 through 20 (DOCS, 1986). This figure represents a 14 percent increase over the number admitted in 1980 and an 84 percent increase over the number of youth committed to state prisons in 1975.

Youth committed to state prisons in 1985 represented 19 percent of all admissions. This group was comprised almost exclusively of males; there were 2,331 males (98%) and 45 females (2%). Ethnic composition included 1,314 blacks (55%), 551 Hispanics

(23%), 496 whites (21%), and 15 youth (1%) listed as other. Two-thirds of the youth admitted were from New York City (1,584); there were 790 youth admitted from the rest of the state (32%). Location of residence was unknown for two youth.

This was the first felony conviction for 1,937 youth admitted to state prisons in 1985 (82%) and the second felony conviction for 439 youth (18%). The majority of the youth admitted in 1985 (1,323) were serving maximum sentences from 3 to 5 years (56%). Eighteen percent (438) were serving maximum sentences from 5 to 7 years. The remainder (613) were serving maximum periods from 7 years to life imprisonment (26%). In 1985, 69 youth admitted to state prison were serving maximum terms of life imprisonment. There were 2 youth (<1%) for whom the maximum sentence was unknown.

TABLE 7

Youth 16 Through 20 Years of Age Sentenced To County Jails, Penitentiaries, and State Prisons New York State, New York City, Rest of the State 1975, 1980, 1985

	1975[a]		1980[a]		1985	
	Number	Percent	Number	Percent	Number	Percent
			New York State			
Total	N/A	—	N/A	—	**12,826**	**100%**
County Jails	N/A	—	N/A	—	9,129	71
County Penitentiaries	N/A	—	N/A	—	1,321	10
State Prisons	2,528	—	2,076	—	2,376	19
			New York City			
Total	N/A	—	N/A	—	**5,095**	**100%**
County Jails	N/A	—	N/A	—	3,511	69
State Prisons	1,188	—	1,283	—	1,584	31
			Rest of the State			
Total	**9,200**	**100%**	**9,729**	**100%**	**7,731**	**100%**
County Jails	6,740	73	7,598	78	5,618	69
County Penitentiaries	1,120	12	1,338	14	1,321	21
State Prisons	1,340	15	793	8	792	10

[a]Data on number of youth 16 through 20 years of age sentenced to New York City jails were not compiled during these years.

Source: New York State Commission on Correction, 1976, 1981, 1986; New York State Department of Correctional Services, 1976, 1981, 1986.

REFERENCES

DCJS: See New York State Division of Criminal Justice Services.

DFY: See New York State Division for Youth.

DOCS: See New York State Department of Correctional Services.

DPCA: See New York State Division of Probation and Correctional Alternatives.

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OCA: See Office of Court Administration.

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SCOC: see New York State Commission on Correction

HIGHLIGHTS

- *In 1985, there were over 38,000 children in out-of-home care in New York State, or approximately 7 out of every 1,000 children in the state.*
- *There are a wide variety of residential services available to New York State children that are licensed or operated by eight state agencies. The wide variety of programs developed by these agencies may be grouped into three levels of care: family care, group care, or institutional care. The services provided by these agencies are targeted to children who have developmental disabilities or emotional, behavior, health, or chemical abuse problems. They are also available to children suffering from child abuse or maltreatment or other family problems.*
- *In 1985, the majority (72%) of children in out-of-home care in New York State were in Department of Social Services' foster care. Family care was the level of care in which children were most often placed (53%).*
- *A disproportionate number of New York State children who were in out-of-home care in 1985 came from New York City (54%), where the use of residential services at all levels of care was higher than that for children in other parts of the state.*
- *The number of New York State children in out-of-home care declined 29 percent between 1978 and 1985. This decline occurred in the family (35%) and institutional (36%) levels of care, while the number of children in group care increased (12%).*
- *In 1985, 57 percent of New York State children in out-of-home care had been in their current placement more than 1 year and 9 percent had been in their current placement more than 8 years.*
- *Twenty percent of New York State children discharged from out-of-home care during 1984 reentered care during the following year.*

Children in Out-of-Home Care

"....when the government assumes responsibility for children, it owes them the kind and degree of nurturing children require for their development."

Children's Defense Fund
1978

There are over 38,000 children in New York State who, rather than living with their own families, are living in some type of out-of-home care. In general, children may be placed in out-of-home care either because they have physical, developmental, emotional, or behavioral problems of such severity that residential treatment is required, or because their families are either unwilling or unable to care for them.

The residential child care system in New York is an elaborate network of both public and private residential facilities for children. There are eight different state agencies that provide or license some type of residential care for children or adolescents: the Department of Social Services (DSS); the Division for Youth (DFY); the Office of Mental Health (OMH); the Office of Mental Retardation and Developmental Disabilities (OMRDD); the State Education Department (SED); the Division of Substance Abuse Services (DSAS); the Department of Health (DOH); and the Division of Alcoholism and Alcohol Abuse (DAAA).[1]

This chapter is divided into three sections. The first section reviews the general types of out-of-home care; the eight agencies providing out-of-home care; and the types of facilities, programs, and placement mechanisms for each. The next section looks at rates of placement by level of care and geographic area and at recent trends in placement. The demographic characteristics of children in out-of-home care and the characteristics of their out-of-home stays are discussed in the final section.

THE RESIDENTIAL CARE SYSTEM

Overview

New York State maintains a complex residential child care system in which an array of residential services for children and youth are operated or licensed by eight state agencies.

For comparative purposes, all of the residential services provided by these agencies may be classified into three broad levels of care. The classification currently used for interagency planning for children's residential care is based on the intensity of care or treatment, size of a facility, cost, degree of restrictiveness, concentration of professional staff, staff-to-client ratios, the use of on-site versus community resources, and the extent to which the child's daily activities resemble those of other children (New York State Council on Children and Families [Council], 1986a). This classification scheme contains three levels: family care, group care, and institutional care.

Family care is out-of-home placement in a private home where room, board, and a nurturing environment are provided by another family. The family receives a stipend and provides care for one to six children. This is the least restrictive level of residential care, with children generally having the same degree of freedom as children of the same age who are not placed out of their homes. Most children at this level of care who require specialized treatment attend community treatment facilities; some are placed with specially trained families. Family care programs are available through DSS, DFY, OMH, and OMRDD.

Group care is out-of-home placement in a group or congregate care setting. This type of residential care is intermediate in size between a family and an institutional setting, with facilities serving up to 25 children and generally resembling large private homes. Group facilities may have live-in staff or the staff may work in shifts and receive salaries. Specialized treatment (if necessary), education, and other programming are most often provided by community based agencies rather than within the home. Examples of group care facilities are DSS group homes and group residences, DFY urban homes and youth development centers, and OMRDD and DAAA community residences.

Institutional care includes residential facilities in which room, board, education, treatment, and other programming are self-contained within the facility, or in specialized programs not generally used by the community. These facilities usually serve 25 or more clients. Children in these facilities are usually not permitted to leave the grounds unsupervised. This level includes institutions which provide intensive treatment or a secure setting. Examples of this level of care include DSS institutions, DFY secure and rural residential centers, OMH residential treatment facilities (RTF) and psychiatric centers, OMRDD developmental centers, SED private residential schools, DOH skilled nursing facilities (SNF), and DSAS drug-free residential programs.

[1]There are also many youth aged 16 to 21 years old in prisons and jails in New York State. For a discussion of these youth, see *Chapter 8: Children and Youth in the Justice System.*

While state agencies are responsible for funding, licensing, and regulating residential facilities for children, not all of these facilities are operated by these agencies. Approximately two-thirds (68%) are operated by voluntary providers. Voluntary providers of residential child care are non-profit organizations which provide family, group, and institutional care. Many of these providers offer services under the auspices of more than one state agency. As a result, considerable overlap occurs among the various service systems.

Most, although not all, agencies provide services at different levels of care. Table 1 identifies the programs at each agency that comprise each level of care. The programs themselves are briefly described in the following sections under each operating or licensing agency. Appendix Table 9.1 provides a further description of the types of care provided through each state agency.

Department of Social Services

By far, the largest number of children in residential care are in the care of the local social services districts. DSS, through the local social services district, is mandated by Social Services Law Section 398 to provide care and support to children who are destitute, neglected, abused or abandoned, delinquent, and mentally and physically disabled. While DSS supervises, licenses, and provides the regulatory framework for an extensive network of foster care services for children, the placement and supervision of children in foster care are the responsibility of local social services districts (New York City and the 57 non-New York City counties). Local districts have responsibility for determining eligibility for services and for arranging for the delivery of appropriate services to those in need of them. Local districts, particularly New York City, often contract with private voluntary child caring

TABLE 1
Residential Programs Serving Children and Youth
By Agency and Care Level
New York State

Agency	Level of Care		
	Family Care	Group Care	Institutional Care
Department of Social Services	Foster Family Care	Agency-Operated Boarding Homes Group Homes Group Residences	Institutions
Division for Youth	Foster Homes	Urban Homes Youth Development Centers	Rural Residential Centers Limited Secure Centers Secure Centers
Office of Mental Health	Family Care	Community Residences	Residential Treatment Facilities Psychiatric Centers
Office of Mental Retardation and Developmental Disabilities	Family Care Personal Care	Community Residences Intermediate Care Facilities for the Developmentally Disabled (small)	Private Schools Developmental Centers Intermediate Care Facilities for the Developmentally Disabled (large)
State Education Department			Private Schools Schools for the Blind and Deaf
Department of Health			Skilled Nursing Facilities Health Related Facilities
Division of Substance Abuse Services			Drug Free Residential Programs Residential Chemical Dependency Programs
Division of Alcoholism and Alcohol Abuse		Community Residences	Inpatient Rehabilitation Programs Residential Chemical Dependency Programs

agencies. These agencies operate many of the facilities; recruit, train, and supervise foster family homes; and assume much of the day-to-day case management responsibility for the children in the custody of the local social services district.

Services available through DSS range from family care to institutions. The vast majority (72%) of children in DSS foster care are placed in foster family homes, but there are also agency-operated boarding homes, group homes, group residences, and institutions. Most DSS institutions and group homes provide treatment services for children with disabilities.

Children are placed in DSS programs through one of three mechanisms. In a voluntary placement, parents sign a surrender agreement giving the local social services commissioner care and custody of the child.

The second mechanism for placing children in DSS programs is through an abuse or maltreatment report to protective services. Child protective services workers have the right to temporarily remove a child from a family as a result of an abuse or maltreatment report, with or without parental consent, if it is felt that the child is in imminent danger of further abuse or maltreatment. The child may remain in placement if the family court so orders, pending an adjudicatory hearing.

The third mechanism for placing a child in DSS is through a family court adjudication of abuse or neglect or an adjudication that the child is a person in need of supervision (PINS) or a juvenile delinquent (JD). In such cases, the judge may place the child in the custody of the local commissioner of social services or through cooperative agreements with the Division for Youth, which then places the child with a private child caring agency. In a court-ordered placement, a court decision is made to give guardianship and custody to the local social services district.

Division for Youth

The Division for Youth provides a wide range of both state-operated and voluntary residential programs that primarily serve youth adjudicated as PINS or JDs, or youth convicted in criminal courts as juvenile offenders (JO) or who receive youthful offender (YO) status. The function of DFY's residential programs is to provide treatment to youth who have been in trouble with the law in order to prevent further behavioral and legal difficulties, and to protect the community. This is done through a systematic program of education, vocational training, counseling, and therapy.

Youth may be placed in DFY residential programs at one of six levels of care according to the degree of security and the intensity of supervision required. The range of programs includes foster homes, two types of community based programs, and three types of institutions. Youth placed in the custody of DFY may also be admitted to voluntary agencies either as a direct admission from court or through referral through DFY.

The majority of DFY clients are placed with DFY by the family court as a result of a juvenile delinquency adjudication. Some youth are placed with DFY following a PINS adjudication, sentencing as juvenile offender or youthful offender, or upon referral to DFY as a condition of probation.

Office of Mental Health

The Office of Mental Health is responsible for providing services to children and adolescents who are at risk of severe and permanent functional deficits resulting from mental illness. This mission is carried out both through state-operated programs and programs that are privately operated but licensed by OMH. Most children in residential care in OMH are placed in psychiatric centers. These are large, state-operated, self-contained institutions which provide intensive supervision and treatment to persons who are seriously mentally ill. In addition, over the past few years, OMH has developed a program model called a residential treatment facility. These are privately-operated programs which provide treatment in a less restrictive setting than psychiatric centers. There are also a small number of children in OMH family care and community residences.

There are several mechanisms for admitting children and adolescents to psychiatric centers. The overwhelming majority of inpatient admissions are known as minor voluntary. Legally, this is a voluntary admission, but since the patients are minors, the admission forms are signed by their parents. There is also a mechanism for an involuntary (civil) commitment for individuals who are considered to be a danger to themselves or to others as a result of mental illness and who refuse to be voluntarily admitted. Such an admission is called a Two Physician Certificate, a reference to the fact that the document permitting such an admission must be signed by two physicians. Civil commitments must be reviewed periodically by a judge to ensure that continued hospitalization is necessary.

There are also several ways that court-involved youths can be placed in a psychiatric center. For example, the family court can order that a child or youth be admitted to a psychiatric center for a 30-day evaluation. A youth in the custody of DFY can be transferred to a psychiatric center if it appears that the youth is in need of inpatient mental health services. Finally, if a youth is found to be incompetent to appear in court for a delinquency proceeding because of a severe mental illness and there is probable cause that the youth committed a felony, the youth can be placed in a psychiatric center for a period of up to one year, or for a longer period of time if ordered by the court.

Office of Mental Retardation and Developmental Disabilities

The Office of Mental Retardation and Developmental Disabilities operates or licenses a continuum of residential services ranging from family care to institutions that provide intensive, specialized treatment. These programs serve both children and adults with developmental disabilities, although the majority of their clients are over the age of 18. Although OMRDD provides services to individuals with all types of developmental

BOX A
Factors Placing Children at Risk of Residential Placement

There are a number of factors that place children and youth at higher risk of placement into out-of-home care regardless of the agency in which placement eventually occurs. "At risk" is defined as a higher than average probability of an individual child experiencing residential placement. The risk factors can be categorized into three areas: individual, family, and service related (Council, 1985a).

Individual Factors

Children having certain demographic characteristics are more likely to be placed into residential care. Adolescents, males, and minority group members are at the greatest risk of placement into all types of out-of-home care (Bloom, 1975; Lei & Eyman, 1979; Council, 1983; Taube & Nessa, 1975; Tausig, 1985). Preschool-aged children who are severely disabled are also at high risk of placement into foster care (DSS, 1982; Conley, 1973).

The type of condition that a child is experiencing is an important predictor of the likelihood of placement and the type of placement. Conditions such as mental illness, developmental disabilities, physical disabilities, and learning disabilities are shown in the literature to place children at risk for residential placement. While specific conditions within these general categories increase a child's risk of placement, in general, the more severe the condition, the greater the likelihood of placement.

Behavior problems are also powerful influences on the likelihood of placement. Delinquent behavior is a primary factor leading to the placement of some youth, particularly if there has been prior contact with the law. Inappropriate behavior is a very strong determinant of placement for children with developmental disabilities (Conley, 1973; Tausig & Epple, 1982). Several studies have found behavior problems to be a primary reason cited by parents for the placement of children into foster care (Kadushin, 1978; Council, 1983).

Family Factors

The simple existence of a condition or problem in a child, or even the severity of a condition, does not by itself explain placement into out-of-home care. Equally important is the ability (or lack thereof) of the family to cope with the problem. For example, some families are able to maintain even a very severely mentally retarded child at home, while other families with less severely mentally retarded children desire placement because they cannot cope with the problems of rearing a special child (Council, 1985b).

Family characteristics are an important influence on placement into all types of residential care. The number of parents available to provide care, the quality of parental relationships, and the size of a family often influence the resources available for the child's development, regardless of the child's particular problem. The absence of one or both parents, marital problems, and large family size can increase the stress on families and the likelihood that residential care will be sought (Bloom, 1975; Kadushin, 1978; Sclar, 1980; Sherman & Cocozza, 1984; Tausig, 1985).

Children from families of low socioeconomic status or who are living in residential areas that are largely comprised of families of low socioeconomic status are at higher risk of placement into residential care. Most families who place their children into foster care are from a low socioeconomic class or are experiencing financial stress (Gruber, 1978; Kadushin, 1978). The prevalence of child abuse and neglect, which places children at risk of foster care placement, is strongly associated with economic stress (Garbarino & Gilliam, 1980). Delinquent children from low-income families or neighborhoods are at higher risk of placement than delinquent children from other income groups (Brenner, 1976; Hirschi, 1969).

Parental inadequacy or unwillingness to care for a child, and parental disabilities (particularly emotional disabilities) are highly significant in increasing a child's risk of placement (Kadushin, 1978; Council, 1983; Tausig, 1985). Like other family factors, these factors weaken the ability of a parent to care for a child and increase the likelihood of placement, regardless of the kind of care in which the child is eventually placed.

Service-Related Factors

Several factors related to the provision of services also influence the likelihood of placement. Research indicates that the lack of alternative services to residential care may lead to placement. The lack of suitable alternatives creates a situation in which a child may be placed into residential care out of desperation rather than through consideration of the most appropriate service delivery program (Maluccio & Marlow, 1972). Studies often

conclude that, in many cases, foster care could have been avoided if adequate supportive, preventive, or after-care services or economic assistance had been available to families (Child Welfare League of America, 1969).

Research on developmentally disabled children concurs that the lack of homemaker and respite services may lead to placement into residential care. A national survey of children with handicapping conditions receiving public social services found that those who receive the fewest supportive and supplemental services are the most likely to receive out-of-home placements (MacEachron & Kraus, 1983).

Another service-related factor is the influence that the number of resources plays in affecting a child's chances of placement. The availability of bedspace ultimately determines the number of children in residential care, and on an individual level, influences the child's likelihood of placement (Kadushin, 1978; Maluccio & Marlow, 1972). Likewise, caseload sizes influence the likelihood and type of placement. Large caseloads may result in pressures to make placements in the most expedient, rather than the most desired, manner (Maluccio & Marlow, 1972).

The individual, family, and service-related factors are all important influences on the likelihood of placement, but the relative importance of each type of factor is difficult to assess. The individual factors, including the severity of behavior problems or disabilities of the child, may be the determining factor for some children. However, individual factors by themselves do not explain placement patterns. Often, the family's ability to cope financially and emotionally with their child's problem is crucial. Further, many children present no individual problems and are placed solely because of family problems. The service-related factors ultimately determine whether or not a child is placed once it is determined that he or she requires placement. The number of residential services available at any one place and time, the availability of alternative services in an area, and caseload sizes have a great influence on the likelihood and type of placement.

disabilities (including mental retardation, cerebral palsy, epilepsy, neurological impairment, and autism), the overwhelming majority of its clients are mentally retarded.

The principal focus of OMRDD programming is training in self-care skills and activities related to daily living, but most programs offer a wide variety of specialized medical and habilitative services. The range of programs available to children with developmental disabilities includes family care, personal care (with specially trained caregivers), community residences, intermediate care facilities for the developmentally disabled (ICF/DDs), private schools, and developmental centers.

In general, admissions to all levels of OMRDD facilities are voluntary in that the child's family voluntarily chooses to place the child. For developmental centers, there are two additional legal statuses. A non-objecting admission is one in which the client is incapable of participating in the decision to place, but does not appear to object to placement. There is also a mechanism for an involuntary civil commitment parallel to the Two Physician Certificate admission to a psychiatric center, as mentioned above.

State Education Department

Although most children with special educational needs are educated in public or private day programs, some children with handicapping conditions require a residential placement for educational reasons. There are two types of residential schools administered or licensed by the State Education Department: state-operated or supported schools for the blind or deaf, and private schools whose educational component is approved by SED under Chapter 853 of the Laws of 1976 (commonly referred to as "853 schools"). Both types of schools are institutions that provide all educational and habilitative services on the school grounds. These schools serve children with handicapping conditions including children with developmental disabilities, emotional disabilities, physical handicaps, sensory impairments, or learning disabilities.

There are different placement mechanisms for the two types of schools. To place a child into the schools for the blind or deaf, the child's home school district must petition the Commissioner of the State Education Department. Placements to private residential schools are made by the Committee on Special Education (CSE) in the school district that is placing the child. A Committee on Special Education is composed of parents and professionals who must approve all special education placements. In addition, the child's parent(s) must approve the placement. The CSE must review each placement on an annual basis.

Department of Health

The Department of Health licenses and regulates public and private facilities for persons with health impairments. These include health related facilities (HRFs), and skilled nursing facilities. HRFs are designed to meet the needs of ambulatory patients who require some nursing supervision, while SNFs provide 24-hour nursing care for patients requiring rehabilitation or custodial care. Both types of facilities are institutional.

There are three SNFs and one HRF in the state that specifically serve children. In addition, there are two large SNFs that have pediatric units. Other children are served in SNFs and HRFs that serve the general population, primarily the elderly. Children are referred

for placement in a SNF or HRF by a physician, and eligibility is determined through a patient assessment process.

Division of Substance Abuse Services

The Division of Substance Abuse Services licenses 34 privately-operated residential programs for persons of all ages with drug abuse problems. Most of the programs are in New York City. They emphasize training, individual or group therapy, and peer control. Admissions to such programs are voluntary, although many clients are referred by the courts.

In addition, DSAS and the Division of Alcoholism and Alcohol Abuse have recently developed regulations for residential treatment programs for chemically dependent youth aged 12 through 18. These programs provide both short-term inpatient rehabilitation and long-term recovery for youth who are physically or psychologically dependent on substances and whose development in one of the major life areas is impaired.

Division of Alcoholism and Alcohol Abuse

The Division of Alcoholism and Alcohol Abuse provides state-operated residential treatment services and licenses privately-operated residential treatment services to alcoholic or chemically dependent adolescents. The residential programs currently provided to adolescents are inpatient rehabilitation programs and community residences. Inpatient rehabilitation programs are intensive, short-term, medically-supported programs that are free-standing or hospital-based for persons with significant social or psychological impairments due to alcoholism. These are institutional programs. Adolescents can receive this type of treatment in short-term chemical dependency programs (jointly certified with DSAS) for which regulations were developed in 1985.

The community residences available through DAAA include recovery homes and halfway houses which provide long-term (3 - 9 months and 9 - 15 months, respectively) care for chemically dependent adolescents without an adequate social support system. Clients are referred to these community residences from an alcohol crisis center, an acute care alcoholism program, or other sources, when alcohol-free. These services are available in newly certified (with DSAS) long-term residential chemical dependency programs for youth with a planned length of stay from 6 to 15 months. These programs provide multidisciplinary treatment designed to achieve a chemically free life for chronically chemically dependent adolescents who are likely to be minors without family or community supports.

In sum, a variety of residential programs are available to children in New York State. This variety indicates the complexity of New York's residential service system.

RATES AND TRENDS IN PLACEMENT

Current Placement Patterns

In 1985, there were over 38,000 children in out-of-home care in eight state agencies. This represents a utilization rate of 7.26 children in care per 1,000 children in New York State (Council, 1986a). The placement patterns by agency, level of care, and region of the state for these children are discussed in this section.

Agency Table 2 presents the number of children in residential care in each agency and level of care from 1978 through 1985.[2] The overwhelming majority of children in out-of-home care were in DSS foster care — over 28,000, or 72 percent, of all children in care in 1985. Thus, trends in the number of children in DSS have a large effect on the overall number of children in care. Of these, the vast majority (72%) were in foster family homes. The other seven agencies each had less than 10 percent of the residential child care population, ranging from 2,898 children in OMRDD facilities to 140 children in DAAA facilities.

Level of Care Family care is the level of care in which 53 percent of New York State children are placed. This is due to the large number of children in DSS foster family care. Aside from DSS programs, the programs serving the largest proportion of children in each agency are in the institutional level of care.

New York City Versus Rest of the State Historically, a disproportionate number of children in out-of-home care have come from New York City relative to the rest of the state. New York City had close to 40 percent of the state's children's population in 1985, but placed 54 percent of the children in out-of-home care (Council, 1986a). Table 3 shows the rate of utilization of residential services per 1,000 children for New York City and for the rest of the state in 1985. The New York City utilization rate was more than twice that of the rest of the state for family care and group care. Institutional placement rates were slightly higher for New York City. The overall rate of placement for children from New York City was 80 percent higher than that of the rest of the state.

The percentage of children in care who came from New York City differed among state agencies. For example, in 1985, 60 percent of the children in DSS were from New York City. However, New York City children comprised only 19 percent of the children in SED programs (Council, 1986a).

Trends in Residential Placement

Over the last few years, the number of children in out-of-home care has declined substantially. As indicated in Table 2, there were 54,242 children under 21 years of age in out-of-home care in the state in 1978. This number declined by 29 percent to 38,741 children in 1985. An analysis by level of care indicates that the number of children in family care and institutional care declined sharply from 1978 through 1985 (35% and 36%, respectively). However, the number in group care increased by 12 percent over the same time period (Figure I and Appendix Table 9.2). The decline in the number of children served between 1978 and 1985

[2] 1978 is the earliest year for which reliable data on New York's residential services are available for most agencies.

occurred in all agencies except for DFY, OMH, and DOH (Table 2 and Figure II).

The reasons for this decline are two-fold. First, most state agencies have implemented policies to reduce the number of children in residential care as part of an effort toward prevention of placement. Second, the total number of children in the state has been decreasing (see *Chapter 1: Demographic Overview*).

One example of the efforts that are being made to reduce the rate of placement into out-of-home care is the Child Welfare Reform Act (CWRA), passed in 1979. This landmark legislation provides state funds for preventive services so that local social services districts can provide services such as counseling, homemaker services, and day care to families with children at risk of entering foster care (see Box B). Partly as a result of this legislation, the number of children in foster care dropped 29 percent between 1978 and 1985 (Table 2). Since children in the care of DSS comprise (in 1985) 72 percent of all children in care, this decline is responsible for a large part of the overall drop in the number of children in out-of-home care.

The reduction in the number of children in out-of-home care was also related to a shrinking youth population, although the percentage decline in population between 1980 and 1985 was less than one-third that of the decline in the number of children in residential care. By computing utilization rates, it is possible to assess the trend in the use of residential ser-

TABLE 2

Children in Out-of-Home Care
By Agency and Level of Care[a]
New York State
1978, 1980, 1985

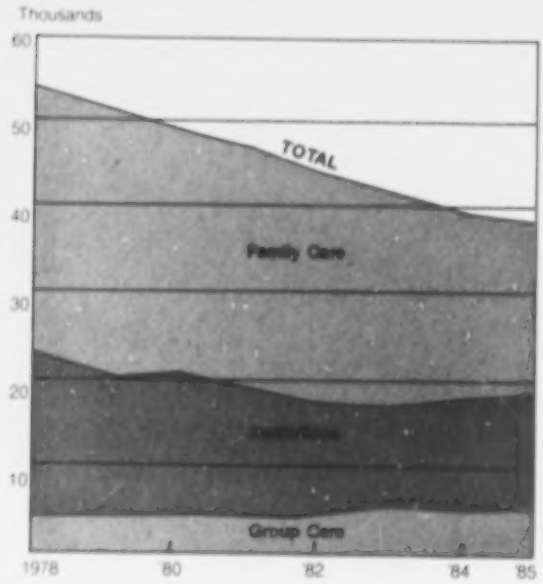
Agency and Level of Care	1978	1980	1985	% Change 1978 to 1985
State Total	**54,242**	**49,124**	**38,741**	**-29%**
Family Care	59%	59%	53%	
Group Care	8	9	13	
Institutional	33	31	32	
DSS Total	**42,545**	**38,384**	**28,015**	**-34%**
Family Care	72%	72%	72%	
Group Care	8	9	12	
Institutional	20	18	16	
DFY Total[b]	**1,796**	**2,149**	**2,697**	**+50%**
Family Care	23%	14%	6%	
Group Care	25	23	16	
Institutional	39	45	49	
OMH Total	**1,624**	**1,500**	**1,820**	**+12%**
Family Care	4%	3%	1%	
Group Care	14	15	18	
Institutional	81	82	81	
OMRDD Total	**5,808**	**4,605**	**2,898**	**-50%**
Family Care	15%	18%	15%	
Group Care	4	8	24	
Institutional	81	75	61	
SED Total	**2,089**	**2,107**	**1,776**	**-15%**
Institutional	2,089	2,107	1,776	
DOH Total	**380**	**379**	**530**	**+39%**
Institutional	380	379	530	
DSAS Total	**N/A**	**N/A**	**865**	
Institutional	N/A	N/A	865	
DAAA Total	**N/A**	**N/A**	**140**	
Group Care	N/A	N/A	24%	
Institutional	N/A	N/A	76	

[a]Percentages may not add to 100 due to unknown level of care for some children.

[b]Includes DFY placements for replacement and voluntary placements.

Source: New York State Council on Children and Families, 1986a; New York State Division of Substance Abuse Services, 1985; New York State Division of Alcoholism and Alcohol Abuse, 1981 through 1985.

Figure I **Children in Residential Care**



Source: Appendix Table 9.2

vices independently of the change in population size. These rates, presented in Table 4, represent the number of youth in out-of-home care per 1,000 youth in the state.

During the seven year period between 1978 and 1985, the use of all residential services declined by 23 percent, from 9.43 youth per 1,000 in 1978 to 7.26 per 1,000 in 1985. Utilization rates for family care declined 28 percent during this period, from 5.55 per 1,000 in 1978 to 3.98 per 1,000 in 1985. The rates for institutional care declined by 29 percent, from 3.08 per 1,000 in 1978 to 2.17 per 1,000 in 1985. However, the rates for group care increased by 25 percent from 0.77 per 1,000 in 1978 to 0.96 in 1985.

The portion of children in out-of-home care in each level of care has changed slightly over the last seven years. As indicated in Table 2, in 1978, 33 percent of all children in residential care were in institutional care, and in 1985, 32 percent were in that level of care. The proportion in family care has declined slightly over the last seven years, from 59 percent to 53 percent of all children in care. The proportion in group living, however, has increased from 8 percent of the total in 1978 to 13 percent in 1985. Therefore, throughout New York State, group care facilities had the smallest number of children in care, yet were being used by an increasing proportion of the residential child care population.

This change in the type of program used is illustrated by shifts within DSS foster care. In 1960, 29 percent of foster care children were in institutions, but by 1980, this percentage had dropped to 17. This shift was brought about by the development of group homes and other community based group care facilities. In 1960, only 3 percent of foster care children lived in facilities

TABLE 3
Residential Service Utilization Rates[a]
New York City, Rest of the State
1985

Regional Breakdown	Family Care	Group Care	Institutions	Total
New York City	5.8	1.5	2.4	9.9
Rest of the State	2.8	0.6	2.0	5.5

[a]Per 1,000 individuals aged 20 or less. DSAS and DAAA utilization data are not included.

Source: New York State Council on Children and Families, 1986a.

other than institutions or foster family homes. However, by 1980, 19 percent of the children in foster care lived in community based group care facilities (Snider & Spain, 1982).

The decrease in the use of institutional placements and the increase in the use of group homes has occurred primarily in New York City. Between 1960 and 1980, the percentage of New York City children in institutions dropped from 38 to 19 while the percentage of children in foster care institutions from counties other than New York City dropped from 19 to 15 during the same period (Snider & Spain, 1982).

The only state agencies for which there were significant increases in the number of children in care from 1978 to 1985 were DFY and DOH (Table 2). The number of children in DFY increased by 50 percent and the number in DOH increased by 39 percent. In addition, the number of youth in DAAA and OMH residential care has increased between 1981 and 1985 (Appendix Table 9.2).

The Division for Youth is also the only agency to have a significantly increased proportion of children in institutional settings relative to children in group

TABLE 4
Residential Service Utilization Rates[a]
New York State
1978 Through 1985

Year	Family Care	Group Care	Institutions	Total
1978	5.55	0.77	3.08	9.43
1979	5.50	0.81	2.82	9.18
1980	5.13	0.83	2.68	8.71
1981	4.93	0.86	2.59	8.47
1982	4.68	0.89	2.37	8.04
1983	4.32	0.95	2.30	7.69
1984	4.13	0.95	2.20	7.44
1985	3.98	0.96	2.17	7.26

[a]Per 1,000 individuals aged 20 or less. DSAS and DAAA utilization data are not included.

Source: New York State Council on Children and Families, 1986a.

and family care. An accompanying trend is that the number of youth in residential care in DFY that are delinquents or juvenile offenders jumped from 60 to 80 percent between 1979 and 1982. Concurrently, the percentage of the DFY population that were PINS declined from 25 to 13 percent (DFY, 1979 through 1983). Most PINS who require residential treatment are now placed in private voluntary agencies under the auspices of DSS.

These trends in DFY's population have been influenced by recent changes in legislation. The Juvenile Justice Reform Act of 1976 designated certain felonies that could receive special treatment by family court judges. As a result, family court judges were able to mandate the type of facility and, for certain juvenile delinquents, the minimum length of stay. In addition, the Juvenile Offender Law of 1978 provided that youth who had committed certain serious felonies could be tried in adult criminal court. These youth were then placed in secure DFY facilities for longer lengths of time. Together these Acts have caused the population of DFY facilities to be increasingly composed of JDs and JOs (see *Chapter 8: Children and Youth in the Justice System*).

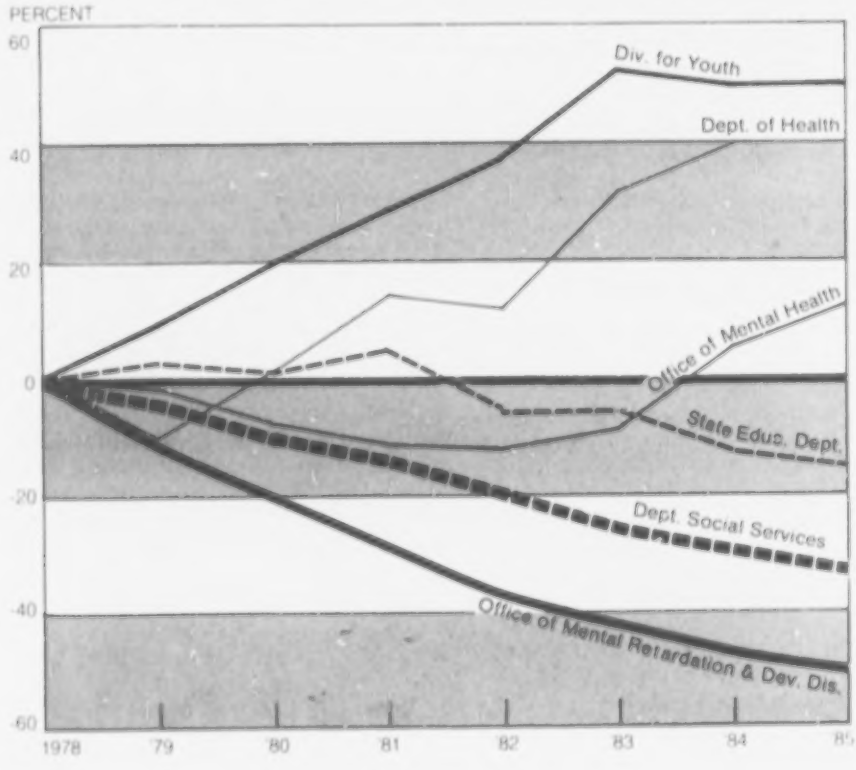
In summary, the decline in the number of children in out-of-home care has resulted from state policies toward increasing preventive efforts and an overall decline in the state's children and youth population (see Box B). More children were in group care in 1984 than in 1978, and fewer children were in family care and institutional care.

CHARACTERISTICS OF CHILDREN IN OUT-OF-HOME CARE

The factors influencing the placement of children into residential care are similar across all types of care, and the eligibility criteria for many New York State agencies are also similar. It is thus not surprising that children in different types of residential care have similar characteristics (see Box C).

Nonetheless, children's stays in out-of-home care are quite varied. An examination of the characteristics of these stays is important to an understanding of children's experiences in residential care. Patterns of movement into and out of care or between various types of care provide a basic description of children's stays. For example, children in some agencies or levels of care may experience longer lengths of stay or higher chances of reentry to the same or another type of care than other children. Some information from

Figure II **Percent Change in the Number of Children in Care**
New York State Agencies, 1978-1985



Source: Appendix Table 92

the Children and Youth Interagency Management Information System (CYIMIS) is described below.[3]

Demographic Characteristics

Age Table 5 presents the age distribution of children in residential care programs in New York State as of 1985. The majority of children were adolescents. This was true in every agency and level of care in the residential system except for DOH facilities, where the majority of children were aged birth through 5, and in DSS foster family care, where the ages of children are fairly evenly distributed across age groups. The Division of Substance Abuse Services, DFY, and DAAA do not provide residential services to young children at all.

Race/Ethnicity A disproportionate number of black children were served in the residential care system. Overall in New York State in 1985, 69 percent of the total children's population was white, 16 percent was black, and 12 percent was Hispanic. Among children in residential care, however, 37 percent were white, 47 percent were black, and 16 percent were Hispanic (Table 6). The two agencies having the largest share of black children were DSS and DFY. To a lesser extent, black children were also disproportionately represented in OMH and DOH facilities. White children were over-represented in SED private schools, and Hispanic children were over-represented in DOH nursing facilities. The high rate of placement of minority children into foster care is not limited to New York State, but is true of all 50 states (Welfare Research Incorporated, 1985). In a survey of children placed out-of-home in seven states, minorities comprised 52 percent of the out-of-home population (Children's Defense Fund, 1978).

[3]The Children and Youth Interagency Management Information System (CYIMIS), developed by the Council on Children and Families, contains data on client movement patterns from five New York State agencies: the Division for Youth; the Department of Social Services; the Office of Mental Health; the Office of Mental Retardation and Developmental Disabilities; and the State Education Department. CYIMIS data have the advantages of being based on common definitions, of eliminating double-counts of events that might be reported by more than one agency, and of providing a mechanism to track children from agency to agency.

BOX B
Child Welfare Reform Act of 1979

The enactment of the Child Welfare Reform Act of 1979 was the culmination of years of effort to develop a more effective service response to meet the needs of families in crisis. This effort began in response to large increases in the number of children placed in foster care and the length of time that children spent in foster care placement. The Act redirected the focus of child welfare services away from an almost total reliance on foster care, as the preferred method of treating troubled families, and toward placing children in a permanent (either their own or adoptive) family situation.

A range of preventive service alternatives to placement was developed to accomplish permanency for children by averting or shortening placement in foster care, thereby preserving family life. However, where reunification with the child's family was impossible, the Act also provided for procedures which made freeing children for adoption easier.

It was important for the success of the Act that a systematic approach to the provision of services be established in each county. In order to ensure that this occurred, district-wide planning for child welfare services was mandated, as were individual child service plans and uniform case recording requirements.

As an incentive for counties to provide preventive services, CWRA increased the level of funding for such services and raised the level of state reimbursement for preventive services to 75 percent. This increase in the level of reimbursement established parity with foster care reimbursement levels and eliminated the disincentive to provide preventive services. In addition, CWRA mandated that preventive services be provided when the district determines that a child will be placed in foster care or remain in foster care placement if such services are not provided. The Act further discouraged the use of foster care by placing a limit on the amount of foster care expenditures that a local social services district can claim for reimbursement.

In addition, the Act also made a number of changes in the adoption system that were designed to promote permanence for children and reduce the amount of time that children who could not return to their families spent in foster care. Again, prior to the CWRA, there were no financial incentives to move children out of foster care. The Act corrected this problem by increasing the state share of adoption services from 50 to 75 percent. The Act also established procedures that were designed to make adopting children easier, such as: photo-listing all eligible children with the State Adoption Services, establishing a fair hearing process for prospective adoptive parents whose application had been denied, and reducing from 24 to 18 months the period of time that foster parents must have cared for a child to qualify for adoption.

Sex As seen in Table 7, 58 percent of children in residential care in 1985 were male and males predominate in all levels of care in all seven agencies. The programs in which males comprised the highest percentage of the population were DFY institutions, because males were more likely than females to become involved in the juvenile justice system.

Characteristics of Out-of-Home Stays

Entries into Residential Care Children are most likely to enter the agencies and levels of care that have the largest capacities. Thus, DSS accounts for the largest number of entries (see Appendix Table 9.3). The number of entries depends not only upon the size of the system, but also upon a variety of other factors including client turnover rates.

In the fourth quarter of 1985, children entering DSS accounted for 63 percent of all entries into care. This percentage is lower than expected given that DSS comprised 72 percent of all children in care. Conversely, children entering OMH accounted for 21 percent of entries, but comprised just 3 percent of all children in care.

Entries into care occurred disproportionately for institutional care. During the fourth quarter of 1985, 42 percent of the entries were to institutional care, while just 28 percent of the children in residential care, were in institutional care. On the other hand, 44 percent of all entries were to family care, while 58 percent of all children were in family care. Nearly half (49%) of all entries into institutional care were entries into OMH psychiatric centers.

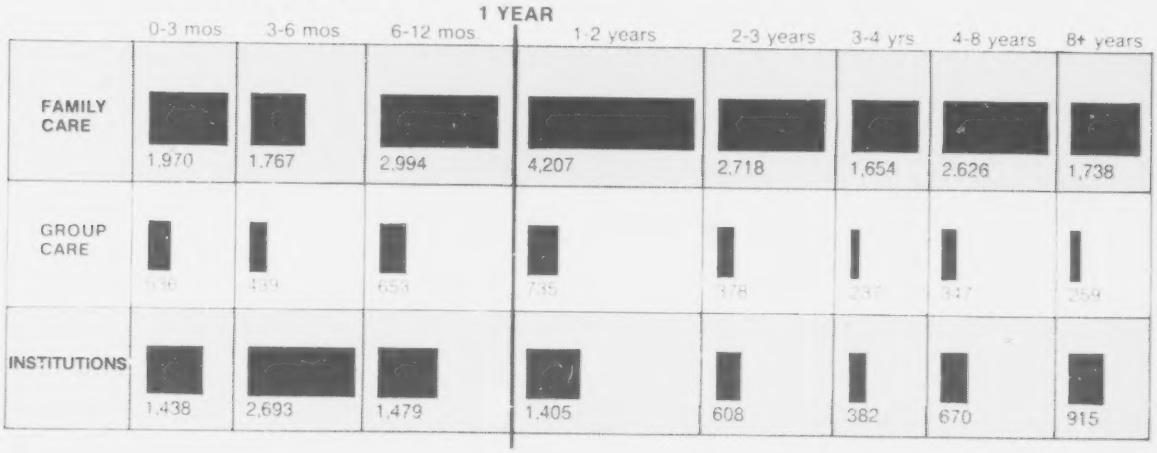
Length of Time in Residential Care Children in some types of residential settings remain in care much longer than children in other types. Much of this vari-

TABLE 5
Age of Children in Out-of-Home Care
New York State
1985

Agency and Level of Care	Age			
	0 - 5	6 - 12	13 - 17	18 - 21
State Total	20%	23%	41%	15%
DSS Total	26	28	36	10
Family Care	35	33	24	9
Group Care	3	8	67	22
Institutional	2	22	68	8
DFY Total	0	1	90	9
Family Care	0	1	75	24
Group Care	0	1	96	3
Institutional	0	1	88	12
OMH Total	1	13	42	45
Family Care	0	39	33	28
Institutional	1	12	42	45
OMRDD Total	1	10	33	56
Family Care	2	13	31	54
Group Care	0	3	25	72
Institutional	1	10	34	55
SED				
Institutional	1	19	55	26
DOH				
Institutional	54	34	12	0
DSAS				
Institutional	0	0	61	39
DAAA Total	0	0	25	75
Group Care	0	0	32	68
Institutional	0	0	4	96

Source: New York State Council on Children and Families, Children and Youth Interagency Management Information System, 1986b; New York State Division of Substance Abuse Services, 1985; New York State Division of Alcoholism and Alcohol Abuse, 1981 through 1985; New York State Council on Children and Families, 1984.
Note: Data for OMH and OMRDD voluntary facilities were not available.

Figure III **Children in Out-of-home Care, by Length of Stay**



TOTAL 33,692

BOX C

Location of Children with Mental Disabilities

While the missions of the several agencies providing out-of-home care for children are distinct, the characteristics of children in these systems often overlap. One area where this is particularly true concerns mentally disabled children. A study conducted by the Council on Children and Families describes these children in each of the out-of-home care systems. *Characteristics of Children in Out of Home Care* (Council, 1984). Two other studies, the *Interagency Transfer Project Final Report* (Council, 1985 c), and the *Changing Characteristics of Children in Social Services Funded Group Residential Programs* (DSS, 1985), describe the characteristics of children in all DSS certified group and institutional care programs.

The key findings from these studies relating to mentally disabled children in out-of-home care are summarized below. A great deal of overlap was found among children in different agencies in terms of prevalence of mental disabilities.

- **Psychiatric Symptoms**. Ten percent of all children in out-of-home care were found to have severe or extreme psychiatric symptoms. The system with the highest percentage of children with severe or extreme psychiatric symptoms was OMH (49%, or 352 children). However, there were also significant numbers of children with severe or extreme psychiatric symptoms in SED (24%, or 433 children), DSS (9%, or 3,434 children), and DFY (9%, or 189 children). Over 18 percent of children in DSS group care (1,595 children) were found to have sufficiently severe psychiatric symptoms to be eligible for care in either OMH certified Residential Treatment Facilities or psychiatric hospitals.

- **Level of Mental Retardation**. Nine percent of children in out-of-home care were found to have a level of mental retardation in the moderate, severe, or profound range. Virtually all of the children in the OMRDD system were mentally retarded and of these, nearly three out of five were profoundly mentally retarded. Other systems serving mentally retarded children in the moderate, severe, and profound categories included DOH (43%), SED (35%), OMH (15%), and DSS (3%). Over 12 percent of the children in DSS group care facilities (1,066 children) were found to be eligible for residential care in the OMRDD system. Many of these children were found in facilities serving primarily OMRDD system eligible children. Sixteen facilities serving 333 children in the DSS system were serving such a high concentration of developmentally disabled children that a process was initiated to transfer their licenses to OMRDD.

ation is a reflection of differences in children's needs for residential services. Some children have more severe disabilities or fewer family resources than others and, thus, may require a longer period of residential care. The average time in care for those currently in residential programs is presented in Appendix Table 9.4 and illustrated in Figure III.[4]

Over half (62%) of the children in residential care, as of the end of 1985, had been in care for less than 2 years, reflecting the time in care pattern for the large DSS population. Time in care, however, varied considerably by agency.[5] Children in OMH had the shortest time in care; almost half (45%) had been in care for less than 3 months. Children in OMRDD had, by far, the longest time in care; half had been in care for over 8 years.

There were significant differences in time in care by level of care as well. The less intensive the level of care, the longer children had been in care. About two-thirds of those in family care had been in care for a year or more, while 56 percent of those in group care and 42 percent of those in institutional care had been in care for a year or more.

[4]There are a variety of ways in which time in care or length of stay can be measured. The answer to the question of how long children stay in care is most accurately measured by the length of stay of an entry cohort. This is, however, a very difficult measure to obtain. Some children have very long lengths of stay and, therefore, the entry cohort must be followed for years to obtain data for all children. If it could be computed, this measure would provide longer average lengths of stay than presented above.

[5]Rate for SED not available.

TABLE 6
Race/Ethnicity of Children in Out-of-Home Care
New York State
1985

Agency and Level of Care	Race/Ethnicity		
	White	Black	Hispanic
State Total	**37%**	**47%**	**16%**
DSS Total	**29**	**47**	**15**
Family Care	29	48	14
Group Care	26	48	18
Institutional	35	39	15
DFY Total	**34**	**49**	**16**
Family Care	52	40	7
Group Care	38	49	11
Institutional	27	54	19
OMH Total	**49**	**33**	**15**
Family Care	89	6	6
Institutional	49	34	16
OMRDD Total	**72**	**15**	**6**
Family Care	72	15	5
Group Care	80	15	3
Institutional	71	15	6
SED Total			
Institutional	**79**	**12**	**7**
DOH Total			
Institutional	**48**	**24**	**25**
DSAS Total			
Institutional	**57**	**22**	**19**
DAAA Total	**93**	**5**	**2**
Group Care	93	4	2
Institutional	92	5	2

Source: New York State Council on Children and Families, Children and Youth Interagency Management Information System, 1986b; New York State Division of Substance Abuse Services, 1985; New York State Division of Alcoholism and Alcohol Abuse, 1981 through 1985; New York State Council on Children and Families, 1984.

Note: Data for OMH and OMRDD voluntary facilities were not available.

TABLE 7
Gender of Children in Out-of-Home Care
New York State
1985

Agency and Level of Care	Gender	
	Male	Female
State Total	**58%**	**42%**
DSS Total	**55**	**45**
Family Care	52	48
Group Care	55	45
Institutional	68	32
DFY Total	**84**	**16**
Family Care	69	31
Group Care	68	32
Institutional	91	9
OMH Total	**69**	**31**
Family Care	72	28
Institutional	69	31
OMRDD Total	**57**	**43**
Family Care	54	47
Group Care	53	47
Institutional	57	42
SED Total		
Institutional	**62**	**32**
DOH Total		
Institutional	**65**	**35**
DSAS Total		
Institutional	**75**	**25**
DAAA Total	**79**	**21**
Group Care	76	24
Institutional	81	19

Source: New York State Council on Children and Families, Children and Youth Interagency Management Information System, 1986b; New York State Division of Substance Abuse Services, 1985; New York State Division of Alcoholism and Alcohol Abuse, 1981through 1985; New York State Council on Children and Families, 1984.

Note: Data for OMH and OMRDD voluntary facilities were not available.

Reentries into Residential Care The likelihood of reentry into residential care varies greatly by agency. Information is also available from the CYIMIS system on children who were released from care and later reentered care. Children who left care during the six months ending December 31, 1985 were tracked by CYIMIS for one year to see who reentered care. Of the 11,447 children who had exited out-of-home care, 20 percent reentered during the year.[6] Reentry was more likely for children who had left OMH (31%) than for children who had left DSS (17%) or DFY (19%). Children were most likely to reenter the agency that they had exited.

The amount of time children are able to stay in the community before reentering residential care is also an important indicator of children's experiences. Appendix Table 9.5 presents the percent of children reentering out-of-home care by the amount of time they remained in the community prior to reentry. For the state as a whole, approximately 40 percent of the children reentering residential care during the quarter ending December 31, 1985, were in the community less than three months, and three-quarters were in the community one year or less.

[6]Data for SED were not available. Data from OMRDD were excluded from this discussion because reentries to that system include time-limited admissions.

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Council: See New York State Council on Children and Families.

DAAA: See New York State Division of Alcoholism and Alcohol Abuse.

DFY: See New York State Division for Youth.

DOH: See New York State Department of Health.

DSAS: See New York State Division of Substance Abuse Services.

DSS: See New York State Department of Social Services.

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OMH: See New York State Office of Mental Health.

OMRDD: See New York State Office of Mental Retardation and Developmental Disabilities.

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Appendix Tables

APPENDIX TABLE 1.1
*Child Dependency Ratios**
New York State, New York City, Rest of the State
Selected Years 1970 Through 2000

Year	New York State	New York City	Rest of the State
1970	2.3	2.7	2.1
1980	3.5	3.3	3.6
1985	3.4	3.4	3.4
1990	3.4	3.4	3.3
2000	3.4	3.4	3.3

*Number of persons aged 15 through 64 divided by the number aged 0 through 14

Source: Produced from Census Bureau (1973, 1982), and from New York State Department of Commerce, 1985

APPENDIX TABLE 1.2
Live Births
New York State, New York City, Rest of the State
1970 Through 1985

Year	New York State	New York City	Rest of the State
1970	317,153	143,890	173,263
1971	284,219	127,311	156,908
1972	253,325	112,892	140,433
1973	236,667	106,341	132,326
1974	238,705	105,774	132,931
1975	235,403	104,866	130,537
1976	235,176	105,491	129,685
1977	239,762	106,154	133,608
1978	233,328	102,668	130,660
1979	234,867	101,591	133,276
1980	239,003	102,865	136,138
1981	241,843	104,510	137,333
1982	246,889	107,684	139,205
1983	248,222	108,622	139,600
1984	250,436	109,509	140,927
1985	258,826	113,784	145,042

Source: New York State Department of Health, Bureau of Biostatistics, n.d.a, n.d.b, n.d.c

APPENDIX TABLE 1.3
Juvenile Deaths
New York State, New York City, Rest of the State
1970, 1980, 1985

Age	1970	1980	1985
	New York State		
Less than 1	6,179	2,994	2,773
1 - 4	899	411	437
5 - 9	603	319	264
10 - 14	629	374	285
15 - 19	1,558	580	920
	New York City		
Less than 1	3,108	1,559	1,458
1 - 4	430	194	233
5 - 9	236	130	115
10 - 14	250	138	113
15 - 19	720	226	372
	Rest of the State		
Less than 1	3,071	1,436	1,315
1 - 4	469	217	204
5 - 9	367	189	149
10 - 14	379	236	172
15 - 19	838	354	548

Source: New York State Department of Health, Bureau of Biostatistics, n.d.a, n.d.b, n.d.c

APPENDIX TABLE 2.1
Children's Living Arrangements
By Race/Ethnicity
New York City, Rest of the State
1970, 1980

Living Arrangements	Children's Race/Ethnicity							
	White		Black		Hispanic		Other	
	1970	1980	1970	1980	1970	1980	1970	1980
New York City								
Total[a]	100%	100%	100%	100%	100%	100%	100%	100%
Two Parents	87	83	52	41	64	50	90	88
One Parent	12	15	41	51	32	45	6	9
No Parents, Other Related Adults	2	2	6	7	4	5	4	3
Nonrelated Adults Only	0	0	1	1	0	0	0	0
Rest of the State								
Total[a]	100%	100%	100%	100%	100%	100%	100%	100%
Two Parents	90	85	58	46	83	70	78	82
One Parent	7	13	34	46	13	25	12	14
No Parents, Other Related Adults	2	2	7	7	4	4	7	4
Nonrelated Adults Only	0	1	1	1	1	1	3	0

[a]Percentages may not sum to 100 due to rounding

APPENDIX TABLE 2.2

Percentage of Children Living with Only One Parent
By Sex and Marital Status of the Parent
New York State, New York City, Rest of the State
1970, 1980

Custodial Parent's Marital Status	New York State	New York City	Rest of State	New York State	New York City	Rest of State
		1970			1980	
Total[a]	100%	100%	100%	100%	100%	100%
Total With Mother	**88**	**92**	**84**	**91**	**93**	**87**
Never Married	11	14	7	23	29	14
Married, Spouse Absent	6	5	7	4	5	4
Separated	39	46	29	29	32	24
Divorced	16	13	20	27	20	36
Widowed	16	13	20	8	7	10
Total With Father	**12**	**8**	**16**	**9**	**7**	**13**
Never Married	1	1	1	1	2	1
Married, Spouse Absent	5	3	7	1	1	1
Separated	2	1	2	2	2	3
Divorced	1	1	2	3	1	5
Widowed	3	3	4	2	1	2

[a]Percentages may not sum to 100 due to rounding

APPENDIX TABLE 2.3

Among Households with Children[a]
Mean Number of Adults Per Household
By Race/Ethnicity
New York State, New York City, Rest of the State
1970, 1980

Race/ Ethnicity	Geographic Location		
	New York State	New York City	Rest of the State
		1970	
Total	**2.19**	**2.14**	**2.22**
White	2.23	2.25	2.23
Black	1.99	1.95	2.11
Hispanic	2.06	2.04	2.19
Other[b]	2.39	2.45	2.29
		1980	
Total	**2.20**	**2.13**	**2.24**
White	2.25	2.24	2.25
Black	2.04	2.05	2.04
Hispanic	2.05	2.02	2.24
Other[b]	2.41	2.48	2.25

[a]Children are defined as individuals under 18 years of age who are not the head of their household.
[b]Other includes children identified on the census as other than white, black, or Hispanic children. These children are primarily Asians or Pacific Islanders.

APPENDIX TABLE 2.4

Percentage of Children[a] by Number of Parents Race/Ethnicity and Presence of Additional Adults in the Household New York State 1970, 1980

Child's Race/Ethnicity and Parents Present	Total[b]	Percentage of Children Living With: Parents Only	Parents and: Only Other Relatives	Parents and: Non-Relatives	Parents and: Both Relatives & Nonrelatives
			1970		
Total With Parents	100%	87%	11%	2%	0%
Race/Ethnicity					
White	100	89	9	1	0
Black	100	78	18	2	1
Hispanic	100	83	14	2	0
Other	100	81	17	1	1
Parents					
Two Parents	100	90	9	1	0
Mother Only[c]	100	78	18	3	1
Father Only[c]	100	52	30	14	4
			1980		
Total With Parents	100%	84%	12%	3%	1%
Race/Ethnicity					
White	100	89	8	2	0
Black	100	71	22	5	2
Hispanic	100	77	17	4	1
Other	100	78	18	3	1
Parents					
Two Parents	100	89	10	1	0
Mother Only[c]	100	73	18	7	2
Father Only[c]	100	46	22	27	4

[a]Birth through 17 years of age.
[b]Percentages may not sum to 100 due to rounding.
[c]No spouse present.

APPENDIX TABLE 2.5

Percentage of Children[a] by Number of Parents Race/Ethnicity and Presence of Additional Adults in the Household New York City, Rest of the State 1980

Child's Race/Ethnicity and Parents Present	Total[b]	Percentage of Children Living With: Parents Only	Parents and: Only Other Relatives	Parents and: Non-Relatives	Parents and: Both Relatives & Nonrelatives
			New York City		
Total With Parents	100%	79%	16%	3%	1%
Race/Ethnicity					
White	100	89	9	2	0
Black	100	71	22	5	2
Hispanic	100	77	18	4	1
Other	100	77	20	2	1
Parents					
Two Parents	100	85	13	1	0
Mother Only[c]	100	73	20	5	2
Father Only[c]	100	44	27	24	6
			Rest of the State		
Total With Parents	100%	87%	9%	3%	0%
Race/Ethnicity					
White	100	89	8	2	0
Black	100	73	19	6	2
Hispanic	100	79	15	5	1
Other	100	80	16	3	1
Parents					
Two Parents	100	91	8	1	0
Mother Only[c]	100	75	15	9	1
Father Only[c]	100	48	19	30	3

[a]Birth through 17 years of age
[b]Percentages may not sum to 100 due to rounding
[c]No spouse present

APPENDIX TABLE 2.6

Among Households with Children[a]
Average Number of Children Per Household
By Race/Ethnicity
New York State, New York City, Rest of the State
1970, 1980

Child's Race/ Ethnicity	Children's Residence					
	New York State		New York City		Rest of the State	
	1970	1980	1970	1980	1970	1980
Total	**2.30**	**1.99**	**2.15**	**1.97**	**2.40**	**2.00**
White	2.25	1.95	1.94	1.82	2.38	1.98
Black	2.49	2.07	2.43	2.04	2.71	2.15
Hispanic	2.44	2.10	2.42	2.09	2.60	2.15
Other[b]	2.24	1.94	2.11	1.89	2.47	2.06

[a]Children are defined as individuals under 18 years of age who are not the head of their household.
[b]Other includes child identified on the census as other than white, black, or Hispanic children. These children are primarily Asians or Pacific Islanders.

APPENDIX TABLE 2.7

Percentage of Children[a] Living With One or Both Parents
By Selected Characteristics of the Parent
New York City, Rest of the State
1980

Characteristics of the Parent	Total with Parents	Percentage of Children Living With:		
		Both Parents	Mother Only[b]	Father Only[b]
		New York City		
Age of Parent[c]				
Total[d]	**100%**	**100%**	**100%**	**100%**
Under 25	6	3	13	8
25 - 34	34	30	41	29
35 - 44	38	41	34	33
45+	22	27	12	31
Education[e]				
Total[d]	**100%**	**100%**	**100%**	**100%**
Less than 4 years of high school	42	35	54	46
High School, 4 years	32	32	31	30
College, 1 - 3 years	13	15	11	12
4+ years	13	18	4	12
		Rest of the State		
Age of Parent[c]				
Total[d]	**100%**	**100%**	**100%**	**100%**
Under 25	4	2	11	5
25 - 34	31	30	37	25
35 - 44	42	43	38	40
45+	24	25	14	30
Education[e]				
Total[d]	**100%**	**100%**	**100%**	**100%**
Less than 4 years of high school	21	19	33	34
High School, 4 years	38	37	43	37
College, 1 - 3 years	18	18	16	14
4+ years	23	26	8	15

[a]Birth through 17 years of age.
[b]No spouse present.
[c]Age of father if two parents are present.
[d]Percentages may not sum to 100 due to rounding.
[e]Education of the householder. For approximately 3 percent of the children, the householder is not their parent.

APPENDIX TABLE 2.8

Percentage of Children[a] by Race/Ethnicity And Selected Characteristics of Parents New York City, Rest of the State 1980

Characteristics of the Parent	Children's Race/Ethnicity				
	Total	White	Black	Hispanic	Other
New York City					
Age of Parent[b]					
Total[c]	100%	100%	100%	100%	100%
Under 25	6	2	9	10	1
25 - 34	34	29	36	38	25
35 - 44	38	41	37	36	47
45+	22	29	18	16	27
Education[d]					
Total[c]	100%	100%	100%	100%	100%
Less than 4 years of high school	43	28	41	64	30
High School 4 years	31	34	38	23	20
College:					
1 - 3 years	13	15	15	9	12
4+ years	13	24	6	4	38
Rest of the State					
Age of Parent[a]					
Total[c]	100%	100%	100%	100%	100%
Under 25	4	3	10	6	3
25 - 34	31	30	36	33	28
35 - 44	42	42	37	41	49
45+	24	24	17	20	21
Education[d]					
Total[c]	100%	100%	100%	100%	100%
Less than 4 years of high school	22	19	42	45	18
High School 4 years	38	38	35	28	19
College:					
1 - 3 years	18	18	14	14	10
4+ years	23	24	8	13	53

[a]Birth through 17 years of age.
[b]Age of father if two parents are present.
[c]Percentages may not sum to 100 due to rounding.
[d]Education of the householder. For approximately 3 percent of the children, the householder is not their parent.

APPENDIX TABLE 3.1

Budget Costs for a Four-Person Family[a] At Three Levels of Living Urban United States, New York-Northeastern New Jersey, and Buffalo Autumn 1979

Component	Metropolitan Area		
	USA	NYC/NJ	Buffalo
Lower Level			
Total Budget	$ 12,585	$ 12,949	$ 12,409
Total Family Consumption	10,234	10,391	
Food	3,911	4,195	
Housing	2,409	2,410	
Transportation	1,004	847	
Clothing-Personal Care	1,189	1,126	N.A.
Medical Care	1,171	1,209	
Other Family Consumption	550	604	
Personal Income Tax	1,032	1,368	
All Other[b]	1,320	1,368	
Intermediate Level			
Total Budget	$ 20,517	$ 23,856	$ 21,806
Total Family Consumption	15,353	17,032	
Food	5,044	5,576	
Housing	4,594	5,823	
Transportation	1,851	1,710	
Clothing-Personal Care	1,668	1,594	N.A.
Medical Care	1,176	1,211	
Other Family Consumption	1,021	1,118	
Personal Income Tax	3,031	4,458	
All Other[b]	3,133	3,366	
Higher Level			
Total Budget	$ 30,317	$ 37,823	$ 32,013
Total Family Consumption	21,069	24,073	
Food	6,360	7,058	
Housing	6,971	8,978	
Transportation	2,411	2,576	
Clothing-Personal Care	2,417	2,350	N.A.
Medical Care	1,227	1,265	
Other Family Consumption	1,684	1,846	
Personal Income Tax	6,351	10,689	
All Other[b]	3,891	3,061	

[a]The budgets represent the costs of three hypothetical lists of goods and services that were specified in the mid-1960s to portray three relative standards of living. These budgets are for a precisely defined urban family of four: a 38-year-old husband employed full-time, a non-working wife, a boy of 13, and a girl of 8.
[b]Includes gifts and contributions, personal life insurance, occupational expenses, and social security and disability programs.

Source: U.S. Department of Labor, Bureau of Labor Statistics, 1980.

APPENDIX TABLE 3.2

Confidence Intervals for Median Income
Of Households with Children
By Household Type[a]
New York State
1969, 1979

Household Type	1969 95% Confidence Interval	1979 95% Confidence Interval
Total Households	**$20,351 - $20,833**	**$19,868 - $20,102**
Married Couples	21,932 - 22,240	22,882 - 23,148
One Working Parent	20,677 - 21,323	21,022 - 21,378
Two Working Parents	26,018 - 26,982	26,986 - 27,414
Single Mothers	7,892 - 8,740	7,335 - 7,575
Single Fathers	15,953 - 18,865	15,947 - 16,773

[a]Incomes for 1969 have been adjusted for inflation so that all figures are reported in 1979 dollars.

APPENDIX TABLE 3.3

Confidence Intervals for Median Income
Of Households with Children
By Race/Ethnicity and Household Type
New York State
1969, 1979

Household Type	1969[a] 95% Confidence Interval	1979 95% Confidence Interval
	White	
Total Households	**$22,099 - $22,649**	**$22,423 - $22,707**
Married Couples	23,472 - 24,048	24,137 - 24,443
Single Mothers	9,600 - 10,965	9,777 - 10,323
Single Fathers	17,867 - 21,337	18,450 - 20,194
	Black	
Total Households	**$13,326 - $14,391**	**$12,073 - $12,537**
Married Couples	17,112 - 18,528	19,711 - 20,409
Single Mothers	6,967 - 8,141	6,782 - 7,228
Single Fathers	12,867 - 18,813	12,926 - 15,084
	Hispanic	
Total Households	**$11,266 - $12,494**	**$10,019 - $10,501**
Married Couples	14,076 - 15,624	15,029 - 15,711
Single Mothers	6,954 - 7,405	4,724 - 5,150
Single Fathers	9,532 - 13,268	10,694 - 13,236

[a]Incomes for 1969 have been adjusted for inflation so that all figures are reported in 1979 dollars.

APPENDIX TABLE 3.4

Ratio of Black and Hispanic Median Family Income
To White Median Family Income
By Family Type
New York State
1969, 1979

Family Type	Race/Ethnicity White	Black	Hispanic
		1969	
Total	**1.00**	**.62**	**.53**
Two-Parent	1.00	.75	.63
Single-Mother	1.00	.73	.65
Single-Father[a]	1.00	.81	.51
		1979	
Total	**1.00**	**.55**	**.45**
Two-Parent	1.00	.83	.63
Single-Mother	1.00	.70	.49
Single-Father[a]	1.00	.72	.62

[a]Trend in incomes of single-father households not statistically significant.

APPENDIX TABLE 3.5

Number and Percent of Persons in Poverty
By Age
New York State
1969, 1979

Age	Number	Percent
	1969	
Total	**1,985,954**	**11%**
0 - 17	733,061	13
18 - 64	400,000[a]	8[a]
65+	853,000[a]	20
	1979	
Total	**2,298,922**	**13%**
0 - 17	836,928	19
18 - 64	1,186,164	11
65+	735,830	17

[a]Estimated on basis of published percentages and Census Bureau projections.

APPENDIX TABLE 3.6

Poverty Level Thresholds[a] By Size of Family Unit and Sex of Head, By Farm and Nonfarm Residence United States 1969

Size of Family Unit	Total	Nonfarm			Farm		
		Total	Male Head	Female Head	Total	Male Head	Female Head
All Unrelated Individuals	**$ 3,631**	**$ 3,643**	**$ 3,808**	**$ 3,548**	**$ 3,107**	**$ 3,182**	**$ 2,994**
Under 65 Years	3,738	3,748	3,909	3,615	3,249	3,322	3,073
65 Years and Over	3,463	3,479	3,511	3,467	2,966	2,986	2,944
All Families	**6,708**	**6,752**	**6,833**	**6,102**	**5,849**	**5,871**	**5,459**
2 Persons	4,681	4,718	4,740	4,594	3,984	3,994	3,823
Head Under 65 Years	4,833	4,867	4,897	4,699	4,144	4,158	3,928
Head 65 Years and Over	4,344	4,386	4,390	4,360	3,726	3,728	3,685
3 Persons	5,752	5,790	5,815	5,603	4,910	4,920	4,742
4 Persons	7,368	7,411	7,415	7,376	6,326	6,330	6,255
5 Persons	8,684	8,742	8,748	8,666	7,463	5,485	7,447
6 Persons	9,744	9,817	9,825	9,736	8,403	8,405	8,326
7 Persons or More	11,947	12,080	12,110	11,785	10,260	10,266	10,155

[a]Figures are in 1979 dollars

Source: Census Bureau 1983a

APPENDIX TABLE 3.7

Poverty Level Thresholds By Size of Family and Number of Related Children Under 18 Years Old United States 1979

Size of Family Unit	Weighted Average Thresholds	Related Children Under 18 Years								
		None	1	2	3	4	5	6	7	8 or More
1 Person	$ 3,686									
Under 65 Years	3,774	$ 3,774								
65 Years and Over	3,479	3,479								
2 Persons	4,723									
Head Under 65 Years	4,876	4,858	$ 5,000							
Head 65 Years and Over	4,889	4,385	4,981							
3 Persons	5,787	5,674	5,839	$ 5,844						
4 Persons	7,412	7,482	7,605	7,356	$ 7,382					
5 Persons	8,776	9,023	9,154	8,874	8,657	$ 8,525				
6 Persons	9,915	10,378	10,419	10,205	9,999	9,693	$ 9,512			
7 Persons	11,237	11,941	12,016	11,759	11,580	11,246	10,857	$10,429		
8 Persons	12,484	13,356	13,473	13,231	13,018	12,717	12,334	11,936	$11,835	
9 or More Persons	14,812	16,066	16,144	15,929	15,749	15,453	15,046	14,677	14,586	$14,024

Source: Census Bureau 1983d

APPENDIX TABLE 3.8

Weighted Average Poverty Thresholds[a]
By Size of Family
United States
1985

Size of Family Unit	Threshold
1 Person	$ 3,692
15 - 64 Years	3,775
65 Years and Over	3,480
2 Persons	4,724
Householder 15 - 64 Years	4,881
Householder 65 Years and Over	4,390
3 Persons	5,787
4 Persons	7,418
5 Persons	8,780
6 Persons	9,920
7 Persons	11,243
8 Persons	12,496
9 Persons or More	14,906

[a]All figures in 1979 dollars

Source: Census Bureau, 1987

APPENDIX TABLE 4.1

Percent of Mothers Working
By Marital Status, Husband's Income
And Race/Ethnicity
New York State
1980

Marital Status	Total	Mother's Race/Ethnicity			
		White	Black	Hispanic	Other
Total	**100%**	**100%**	**100%**	**100%**	**100%**
Single Mother	**24**	**17**	**47**	**33**	**12**
Married Mother	**76**	**83**	**53**	**67**	**88**
Husband's Earnings					
$0 - $10,000	29	24	33	38	41
$10,001 - $15,000	11	12	7	13	16
$15,001 - $20,000	12	15	6	7	11
$20,001 - $25,000	10	13	4	5	8
$25,000+	13	18	3	4	13

APPENDIX TABLE 4.2

State Agency Involvement in Child Care Delivery

Council on Children and Families

The Council coordinates the work of an interagency team that assists the Department of Social Services in administering the school-age child care start-up program. This effort has included the development of a request for proposals, criteria for program selection, and requirements for programs exempt from licensing, as well as the review of proposals for funding. Council staff also provide technical assistance to developing school-age child care programs and has developed a series of resource papers.

Department of Agriculture and Markets

Since 1948, the Department of Agriculture and Markets has administered the New York State Migrant Child Care Program. The primary purpose of this program is to provide care for children whose parents are employed as migrant laborers and farm workers. In 1985, the program served 1,543 children at 26 sites.

Department of Health

The Department of Health is responsible for ensuring compliance with the State Sanitary Code and compliance with immunization standards. Day care facilities are inspected by the local officials having jurisdiction for enforcement of the Sanitary Code. In New York City, the New York City Department of Health licenses day care centers, after-school programs, youth centers, and regulates non-subsidized family day care.

Department of Labor

The Department of Labor is the designated administrative agency for programs under the Job Training Partnership Act (JTPA). As part of the JTPA planning process, Service Delivery Areas are required to develop plans for the provision of support services. One of the support services for which funding is available is day care.

Department of Social Services

A variety of Department of Social Services (DSS) funding sources subsidize the cost of child care for poor and low-income families. These include the Social Services Block Grant, Title IV-A (AFDC), Title IV-C (WIN), day care for protective services cases and preventive services cases pursuant to the provisions of the Child Welfare Reform Act, and day care funds for the working poor and teenage parents. State funds are also available for the start-up of new school-age child care programs. In addition, DSS licenses all day care outside of New York City, except for county-funded and certified family day care. DSS also establishes policies relating to eligibility for subsidies, fee schedules, purchase of day care services by local government, and promotes training, research, and demonstration efforts to enhance the delivery of child care care services across the state.

Department of State

The Department of State (DOS) administers the federal Community Services Block Grant program. This program provides funds for a variety of services to low-income families through a network of local community action agencies. In some localities, child care services are one of the services provided. DOS has also been designated by the Governor as the lead agency in the approval process for programs receiving federal Head Start funds. DOS works with DSS and SED in reviewing Head Start programs' compliance with applicable regulations.

Division of Housing and Community Renewal

The Division of Housing and Community Renewal (DHCR) serves as staff to the State Fire Prevention and Building Code Council, a legislatively created body charged with preparing and maintaining the new State Uniform Fire Prevention and Building Code which became effective on January 1, 1984. Sections of this code are applied during fire safety and building inspections of facilities that are used for providing child care.

Division for Women

The Director of the Division for Women co-chairs the New York State Commission on Child Care. The Division for Women also serves as a member of the Governor s Task Force on Work and Family.

Division for Youth

Funding available to counties through the Division for Youth s Office of Local Services may be used to support a limited range of child care services, such as school-age child care, or programs designed to coordinate child care services. Such funds can be used for child care programs for school-age children, but may not be used for preschool programs or for any program that charges a fee for service.

Governor s Office of Employee Relations

In a cooperative labor-management effort with the major unions representing state employees, the Governor s Office of Employee Relations (GOER) initiated the establishment of a statewide network of worksite day care centers primarily for children of state employees. Funding is provided through GOER s Division of Management/Confidential Affairs and the collective bargaining agreements. These privately-operated centers, which are located on the grounds of state psychiatric centers, developmental centers, office buildings, and state university campuses fall under the umbrella of Empire State Day Care Services, Inc.

State Education Department

The State Education Department receives an annual appropriation to support the New York State Prekindergarten program for children from families of economically disadvantaged. In addition, public schools are involved in infant and toddler programs for children of teenage parents who have not completed high school. School districts contract with day care operators to provide child care in public school buildings. Many school-age child care programs for children before and after school hours are also provided in school buildings.

State Insurance Department

The State Insurance Department has been seeking resolution to problems related to the availability of liability insurance for day care providers and the increasing costs for such insurance.

State University of New York

The State University of New York receives an annual appropriation for providing child care services for students. Additionally, in cooperation with GOER, start-up funds have been made available for day care programs for children of SUNY staff.

Source: Spedding, 1985

APPENDIX TABLE 4.3

Major Public Programs and Funding Streams For Child Care New York State 1985

Public Program/ Funding Stream	Amount (in Millions)	Percentage
Total	$583	100%
Federal and State Child Care Tax Credits (1984)	288	49
Social Services Block Grant (Title XX)	136	23
Head Start Programs	77	13
Title IV-A Child Care Allowances and Disregards	29	5
Experimental Prekindergarten	17	3
Local Social Service District Expenditures in Excess of State Allocations	17	3
Child Welfare Reform Act	7	1
Migrant Child Care Program	3	1
Special State Funding/ Legislative Initiatives	12	2

[a]Percentages may not sum to 100 due to rounding.

Source: New York State Commission on Child Care, 1986b; New York State Department of Taxation and Finance, 1987.

APPENDIX TABLE 5.1

Juvenile Death Rates per 1,000 People[a] New York State 1970, 1985

Age	1970	1985
1	19.400	10.700
1 - 4	.757	.460
5 - 14	.363	.237
15 - 19	.997	.662

[a]For infants (-1), rates are deaths per 1,000 births.

Source: Produced from U.S. Department of Commerce, 1973; New York State Department of Commerce, 1985; New York State Department of Health, Bureau of Biostatistics, n.d.a, n.d.e.

APPENDIX TABLE 5.2

Selected Causes of Death for Children Under 20
New York State
1970, 1985

Cause	Total		Under 1		1 - 4		5 - 14		15 - 19	
	N	%[a]	N	%[a]	N	%[a]	N	%[a]	N	%[a]
					1970					
Total	**9,862**	**100%**	**6,173**	**100%**	**899**	**100%**	**1,232**	**100%**	**1,558**	**100%**
Malignant Neoplasm	471	5	16	0[b]	85	9	237	19	133	9
Pneumonia and Influenza	653	7	470	8	89	10	56	5	38	2
Congenital Anomalies	1,161	12	955	15	104	12	73	6	29	2
Accident	1,436	15	98	2	256	28	482	39	600	39
Suicide	78	1	0	0	0	0	13	1	65	4
Homicide	177	2	20	0[b]	16	2	19	2	122	8
Heart Diseases	115	1	39	1	20	2	20	2	36	2
Perinatal Conditions	3,672	37	3,669	59	3	0[b]	0	0	0	0
All Other Causes	2,099	21	906	15	326	36	332	27	535	34
					1985					
Total	**4,679**	**100%**	**2,773**	**100%**	**437**	**100%**	**549**	**100%**	**920**	**100%**
Malignant Neoplasm	192	4	3	0[b]	43	10	81	15	65	7
Pneumonia and Influenza	70	1	38	1	16	4	9	12	7	1
Congenital Anomalies	695	15	578	21	69	16	32	6	16	2
Accident	686	15	31	1	101	23	204	37	350	38
Suicide	93	2	0	0	0	0	13	2	80	9
Homicide	264	6	19	1	23	5	42	8	180	20
Heart Diseases	95	2	36	1	12	3	16	3	31	3
Perinatal Conditions	1,531	33	1,530	55	1	0[b]	0	0	0	0
All Other Causes	1,053	23	538	19	172	39	152	28	191	21

[a]Percentages may not sum to 100 due to rounding.

[b]Less than 0.5 percent.

Source: New York State Department of Health, Bureau of Biostatistics, n.d.a, n.d.e.

APPENDIX TABLE 5.3
Infant Mortality Rates
By Race
New York State
1970 Through 1985

Year	Total	White	Nonwhite
1970[a]	19.4	17.1	29.6
1971[a]	18.2	16.3	26.5
1972[a]	17.7	15.6	26.3
1973[a]	16.9	15.2	24.1
1974	16.3	14.2	24.0
1975	15.8	13.7	23.4
1976	15.8	13.1	24.0
1977	14.3	11.9	21.4
1978	13.9	11.9	21.0
1979	13.5	11.7	18.9
1980	12.5	10.7	17.8
1981	12.3	10.3	17.8
1982	12.2	10.3	16.7
1983	11.5	9.4	16.0
1984	10.9	9.0	14.3
1985	10.7	8.5	13.9

[a]1970-1973 rates are updated from published rates to exclude infant births and deaths to foreign residents

Source: New York State Department of Health, Bureau of Child and Adolescent Health, 1987

APPENDIX TABLE 5.4
Infant Deaths and Mortality Rates[a]
New York State, New York City, Rest of the State
Selected Years 1970[b] *Through 1985*

	New York State		New York City		Rest of the State	
Year	Number	Rate	Number	Rate	Number	Rate
1970	6,141	19.4	3,076	21.6	3,065	17.7
1980	2,994	12.5	1,558	15.1	1,436	10.5
1981	2,970	12.3	1,518	14.5	1,452	10.6
1982	3,001	12.2	1,566	14.5	1,435	10.3
1983	2,856	11.5	1,475	13.6	1,381	9.9
1984	2,729	10.9	1,401	12.8	1,328	9.4
1985	2,773	10.7	1,458	12.8	1,315	9.1

[a]The infant mortality rate is the ratio of the number of deaths to those less than 1 year of age per 1,000 live births.

[b]1970 rates are updated from published rates to exclude infant births and deaths to foreign residents

Source: New York State Department of Health, Bureau of Biostatistics, n.d.e

APPENDIX TABLE 5.5

Percent of Violent[a] and Nonviolent[b] Adolescent Deaths (Ages 15 - 19) New York State 1970 Through 1985

	Violent		Nonviolent	
Year	Number	Percent	Number	Percent
1970	870	56%	688	44%
1971	914	55	738	45
1972	1,025	62	615	38
1973	1,009	64	579	36
1974	866	60	576	40
1975	888	67	435	33
1976	907	70	394	30
1977	944	71	394	29
1978	926	71	372	29
1979	985	75	320	25
1980	964	75	326	25
1981	873	73	327	27
1982	828	73	304	27
1983	743	71	297	29
1984	688	70	293	30
1985	635	69	285	31

[a] Includes causes of death labeled accidents, suicide, homicide, and undetermined whether accident, suicide, or homicide.

[b] Includes all other causes of death.

Source: New York State Department of Health, Bureau of Biostatistics, Yearly 1970 through 1985.

APPENDIX TABLE 5.6

Adolescent Pregnancies New York State 1975 Through 1985

	Age	
Year	15 - 19	Rate[a]
1975	61,605	77.3
1976	61,927	77.8
1977	62,328	78.3
1978	61,676	77.5
1979	62,865	77.7
1980	62,080	78.1
1981	63,544	81.6
1982	64,655	85.5
1983	61,374	83.3
1984	58,898	82.1
1985	58,812	84.3

[a] The adolescent pregnancy rate is based on the number of pregnancies among females aged 15 through 19 only.

Source: New York State Department of Health, Bureau of Biostatistics, Yearly 1975 through 1985.

APPENDIX TABLE 5.7

Description of Categorical Drinking Classification Scheme

Abstainers:
Don t drink *or* drink less than once a year.

Infrequent Drinkers:
Drink once a month at most and drink small[a] amounts per typical drinking occasion.

Light Drinkers:
Drink once a month at most and drink medium[b] amounts per typical drinking occasion *or* drink no more than three to four times a month and drink small amounts per typical drinking occasion.

Moderate Drinkers:
Drink at least once a week and drink small amounts per typical drinking occasion *or* three to four times a month and medium amounts per typical drinking occasion *or* no more than once a month and large[c] amounts per typical drinking occasion.

Moderate/Heavy Drinkers:
Drink at least once a week and drink medium amounts per typical drinking occasion *or* three to four times a month and large amounts per typical drinking occasion.

Heavy Drinkers:
Drink at least once a week and drink large amounts per typical drinking occasion.

[a]Less than or equal to .68 ounces absolute alcohol (less than or equal to one drink per occasion).
[b].69 to 2.70 ounces absolute alcohol (approximately two to four drinks per occasion).
[c]Greater than 2.70 ounces absolute alcohol (five to twelve drinks per occasion).

Source: New York State Research Institute on Alcoholism, 1984.

APPENDIX TABLE 5.8

Levels of Substance Abuse Hierarchy

No Use:
Have never used any substance in their lifetime.

Prior Use:
Used at least one substance in lifetime, but not since school began.

Infrequent Use:
Used only one or two substances since school began with only experimental or infrequent use (i.e., one to three times) reported in 30 days preceding the survey.

Regular Use:
Used three to six substances since school began with no substance other than marijuana used more than three times in the past 30 days. Students who use marijuana on the average of three times a week are also included.

Substantial Use:
Used seven to nine substances since school began or at least one substance other than marijuana on a weekly basis. Includes those who used marijuana on an average of more than once a day.

Extensive Use:
Used ten or more substances since school began in September, or at least one substance other than marijuana more than once a day (40 or more times) in the month prior to the survey.

Source: New York State Division of Substance Abuse Services, 1984.

APPENDIX TABLE 5.9

First Month of Prenatal Care
By Race
New York State, New York City, Rest of the State
1970, 1985

Month	New York State		New York City		Rest of the State	
	Number	Percent	Number	Percent	Number	Percent
			1970			
Total	**317,153**	**100%**	**143,890**	**100%**	**173,263**	**100%**
1-3 Months	166,057	52	49,536	34	116,521	67
4-6 Months	87,495	28	52,040	36	35,455	20
7-9 Months	30,886	10	24,476	17	6,410	4
None/Not Stated	32,715	10	17,838[a]	12	14,877	9
White	**256,939**	**100%**	**98,512**	**100%**	**158,427**	**100%**
1-3 Months	151,290	59	41,836	43	109,454	69
4-6 Months	63,453	25	33,204	34	30,249	19
7-9 Months	18,263	7	13,262	13	5,001	3
None/Not Stated	23,933	9	10,210	10	13,723	9
Nonwhite	**60,214**	**100%**	**45,378**	**100%**	**14,836**	**100%**
1-3 Months	14,767	24	7,700	17	7,067	48
4-6 Months	24,042	40	18,836	42	5,206	35
7-9 Months	12,623	21	11,214	25	1,409	9
None/Not Stated	8,782	15	7,628	17	1,154	8
			1985			
Total	**258,826**	**100%**	**113,784**	**100%**	**145,042**	**100%**
1-3 Months	168,842	65	51,876	46	116,966	81
4-6 Months	53,147	21	33,304	29	19,843	14
7-9 Months	14,205	5	10,838	10	3,367	2
None	10,231	4	9,225[b]	8	1,006	1
Not Stated	12,401	5	8,541	8	3,860	3
White	**190,487**	**100%**	**63,058**	**100%**	**127,429**	**100%**
1-3 Months	139,496	73	33,568	53	105,928	83
4-6 Months	32,627	17	16,932	27	15,695	12
7-9 Months	7,805	4	5,265	8	2,540	2
None	4,987	3	4,277	7	710	1
Not Stated	5,572	3	3,016	5	2,556	2
Nonwhite	**65,899**	**100%**	**49,507**	**100%**	**16,392**	**100%**
1-3 Months	28,516	43	17,902	36	10,614	65
4-6 Months	20,162	31	16,091	33	4,071	25
7-9 Months	6,278	10	5,470	11	808	5
None	5,104	8	4,818	10	286	2
Not Stated	5,839	9	5,226	11	613	4

[a]Includes New York City cases where the initial month of prenatal care was recorded as not stated rather than none.
[b]Includes New York City cases where prenatal care information was inaccurately recorded.

Source: New York State Department of Health, Bureau of Biostatistics, n d a, n d e

APPENDIX TABLE 5.10

Source of Health Insurance Coverage
For Children Birth Through 19 Years of Age
New York State
1986

Type of Coverage	Number	Percent
Private[a]	3,051,300	61%
Public	1,091,700	22
None	891,600	18

[a]Includes Champus-federal benefit program of Uniformed Services

Source: U.S. Department of Commerce, 1986

APPENDIX TABLE 6.1

Students Enrolled in Public and Nonpublic Schools by Race/Ethnicity[a]
New York State
Selected Years 1970-71 Through 1985-86

		Race/Ethnicity				
Year	Total	White	Black	Hispanic	Asian	Native American
			Total			
1970-71	4,296,982	3,308,701	587,136	369,350	24,965	6,830
1975-76	4,029,119	2,956,057	622,840	403,213	39,455	7,554
1980-81	3,457,366	2,406,719	587,313	387,885	68,329	7,120
1985-86	3,129,143	2,025,765	576,591	423,033	97,292	6,462
% Change 1970-71 to 1985-86	**-26%**	**-39%**	**-2%**	**+15%**	**+290%**	**-5%**
			Public			
1970-71	3,499,604	2,612,638	542,851	317,221	21,730	5,174
1975-76	3,393,983	2,430,501	571,146	351,889	33,483	6,964
1980-81	2,848,528	1,940,240	517,007	329,964	55,002	6,295
1985-86	2,597,019	1,640,382	504,526	364,992	81,277	5,842
% Change 1970-71 to 1985-86	**-25%**	**-37%**	**-7%**	**+15%**	**+274%**	**+13%**
			Nonpublic			
1970-71	797,378	696,063	44,285	52,139	3,235	1,656
1975-76[b]	635,136	525,556	51,694	51,324	5,972	590
1980-81	608,838	466,479	70,306	57,921	13,307	825
1985-86[c]	532,124	385,383	72,065	58,041	16,015	620
% Change 1970-71 to 1985-86	**-33%**	**-45%**	**+62%**	**+11%**	**+395%**	**-63%**

[a]Includes prekindergarten, excludes Boards of Cooperative Educational Services
[b]Includes 11,778 prekindergarten and 1,298 postgraduate students
[c]Kindergarten through 12th grade only

Source: New York State Education Department, Information Center on Education, 1970-71a, 1971b, 1975-76b, 1980-81a, 1980-81b, 1985-86a, 1985-86b

APPENDIX TABLE 6.2

Children Enrolled in Public and Nonpublic Schools
New York State
1970-71 Through 1985-86

Year	Total	Public[a]	Nonpublic	Nonpublic as Percent of Total
1970-71	4,294,156	3,506,303	787,853	18%
1971-72	4,276,347	3,523,034	753,313	18
1972-73	4,213,247	3,494,805	718,442	17
1973-74	4,131,885	3,453,332	678,553	16
1974-75	4,068,685	3,424,873	643,812	16
1975-76	4,027,360	3,406,015	621,345	15
1976-77	3,934,761	3,328,551	606,210	15
1977-78	3,800,107	3,211,849	588,258	15
1978-79	3,667,673	3,083,800	583,873	16
1979-80	3,538,910	2,958,725	580,185	16
1980-81	3,440,235	2,860,371	579,864	17
1981-82	3,347,079	2,770,640	576,439	17
1982-83	3,275,873	2,705,413	570,460	17
1983-84	3,225,450	2,661,041	564,409	17
1984-85	3,178,916	2,631,059	547,857	17
1985-86	3,137,487	2,605,363	532,124	17
Percent Change 1970-71 to 1985-86	**-27%**	**-26%**	**-32%**	

[a]Includes students in Boards of Cooperative Educational Services programs in grades K-12

Source: New York State Education Department, Information Center on Education, 1971-72, 1982-83a, 1983-84, 1985a, 1985b, 1985-86b, 1985-86c

APPENDIX TABLE 6.3
Trends of Nonpublic School Enrollment by Affiliation
Grades K-12
New York State
Selected Years 1970-71 Through 1985-86

	Enrollment				
Group	1970-71	1975-76	1980-81	1985-86	% Change 1970-71 to 1985-86
State Total	**784,058**	**621,345**	**579,864**	**532,124**	**-32%**
Roman Catholic	664,017	486,819	418,823	354,606	-47
Jewish	38,842	48,118	55,617	65,506	+69
Lutheran	10,307	10,105	10,039	9,810	-5
7th Day Adventist	2,436	3,138	3,542	3,646	+50
Episcopal	6,402	6,159	5,912	5,564	-13
Other Religion[a]	4,689	6,441	N/A	N/A	N/A
Orthodox	N/A	N/A	4,084	3,544	N/A
Baptist	N/A	N/A	3,991	5,692	N/A
Christian Fundamental	N/A	N/A	8,027	14,869	N/A
Mennonite	N/A	N/A	317	969	N/A
Presbyterian	N/A	N/A	189	60	N/A
Society of Friends	N/A	N/A	2,160	1,836	N/A
Islamic	N/A	N/A	429	532	N/A
Nondenominational	57,365[b]	60,565[c]	56,382	57,511	+1
State/Public Agencies[d]	N/A	N/A	10,352	7,779	N/A

[a]Includes Society of Friends, Mennonite, Greek Orthodox, Russian Orthodox, Methodist, Baptist, and Presbyterian

[b]Includes state schools and campus schools operated by the State University of New York

[c]Includes Division for Youth schools, state schools for the blind and deaf, and campus schools operated by the State University of New York

[d]Includes schools operated by the Office of Mental Health, Department of Correctional Services, Division for Youth, State University of New York, City University of New York, and State Education Department

Source: New York State Education Department, Information Center on Education, 1970-71b, 1975-76c, 1984-85b, 1985-86b

APPENDIX TABLE 6.4
Federal and State Aid to Education
By Type of School
1981-82, 1983-84
(In Millions of Dollars)

	1981-82			1983-84		
Source	Total	Non-public	Public	Total	Non-public	Public
Federal	$ 615	$ 23	$ 592	$ 634	$ 50	$ 584
New York State	4,200	143	4,057	4,902	180	4,722
Total	**4,815**	**166**	**4,649**	**5,536**	**230**	**5,306**
Percent of Total	100%	3%	97%	100%	4%	96%

Source: New York State Senate Task Force on Critical Problems, 1983; New York State Education Department, Bureau of State Aid, 1984

APPENDIX TABLE 6.5

Number of Students Enrolled, Number of Classroom Teachers, and Student/Teacher Ratios In Public Schools
New York State, New York City, Rest of the State
Selected Years 1970-71 Through 1985-86

Year	Students[a]	Teachers[b]	Student/ Teacher Ratio
	New York State		
1970-71	3,506,303	182,238	19:1
1975-76	3,406,015	182,772	19:1
1980-81	2,860,371	164,876	17:1
1985-86	2,605,363	171,530	15:1
% Change 1970-71 to 1985-86	**-26%**	**-6%**	
	New York City		
1970-71	1,135,298	62,777	18:0
1975-76	1,096,460	54,161	20:1
1980-81	941,159	47,826	20:1
1985-86	931,246	56,427	17:1
% Change 1970-71 to 1985-86	**-18%**	**-10%**	
	Rest of the State		
1970-71	2,371,005	119,461	20:1
1975-76	2,309,555	128,611	18:1
1980-81	1,919,212	117,050	16:1
1985-86	1,674,117	115,103	15:1
% Change 1970-71 to 1985-86	**-29%**	**-4%**	

[a]K-12, includes ungraded and Boards of Cooperative Educational Services
[b]Full-time teachers

Source: New York State Education Department, Information Center on Education, 1971a, 1976b, 1981a, 1982-83a, 1986b, 1985-86c

APPENDIX TABLE 6.6

Trends in Characteristics of Public School Teachers
New York State
Selected Years 1970-71 Through 1985-86

	1970-71	1975-76	1980-81	1985-86
Total[a]	**185,223**	**182,772**	**169,189**	**175,256**
Percent[b]	100%	100%	100%	100%
Certification Status				
Permanent	56%	79%	87%	84%
Provisional[c]	22	15	11	14
Substitute	5	1	N/A	N/A
Probationary	11	3	N/A	N/A
None	6	2	2	2
Degree Status				
Doctorate	0%[d]	1%	1%	1%
Master's + 30 Hours	14	20	26	28
Master's	22	34	37	38
Bachelor's + 30 Hours	19	19	22	19
Bachelor's	43	25	13	13
Less than Bachelor's	3	2	1	1
Total Years Experience in Education				
Percentile				
75th	13	16	19	21
50th	5	9	13	15
25th	3	5	9	9
Salary[e]				
Percentile				
75th	$ 32,285	$ 35,793	$ 31,060	$ 36,682
50th	26,284	30,132	26,851	30,490
25th	21,449	24,387	21,666	23,178
Age				
18-25	26%	9%	4%	1%
26-32	22	33	22	7
33-40	16	20	32	17
41-48	15	18	20	26
49-56	11	13	16	34
57-64	8	6	6	12
65 or more	1	1	1	4
Race/Ethnicity				
White[f]	95%	94%	92%	89%
Black	4	5	6	8
Hispanic	1	1	2	3

[a]Includes part-time
[b]Percentages may not sum to 100 due to rounding
[c]Provisional includes New York City Substitute and Probationary and Buffalo Temporary and Probationary
[d]Less than 0.5 percent
[e]Salary figures have been adjusted to school year 1985-86 constant dollars using ratios constructed from the consumer price index. Only full-time staff salaries were included.
[f]White includes other racial/ethnic groups.

Source: New York State Education Department, Information Center on Education, 1970-71a, 1971a, 1975-76b, 1976a, 1980-81b, 1981a, 1986b, 1986c

APPENDIX TABLE 6.7

Classroom Teachers[a] in Public Schools by Race/Ethnicity
New York State, New York City, Rest of the State
Selected Years 1970-71 Through 1985-86

Year	Race/Ethnicity					
	All Races	White	Black	Hispanic	Asian	Native American
			New York State			
1970-71	176,813	168,152	7,093	1,130	369	69
1975-76	164,087	153,846	7,458	2,298	417	68
1980-81	153,677	141,562	8,497	3,041	474	103
1985-86	159,550	141,243	12,540	4,859	793	115
% Change 1970-71 to 1985-86	-10%	-16%	+ 77%	+330%	+115%	+ 67%
			New York City			
1970-71	60,229	54,530	4,672	805	212	10
1975-76	48,077	41,552	4,530	1,739	247	9
1980-81	47,222	38,739	5,654	2,504	303	22
1985-86	54,823	40,363	9,543	4,267	612	38
% Change 1970-71 to 1985-86	-9%	-26%	+104%	+430%	+189%	+280%
			Rest of the State			
1970-71	116,584	113,622	2,421	325	157	59
1975-76	116,010	112,294	2,928	559	170	59
1980-81	106,455	102,823	2,843	537	171	81
1985-86	104,727	100,880	2,997	592	181	77
% Change 1970-71 to 1985-86	-10%	-11%	+24%	+82%	+15%	+31%

[a]Includes prekindergarten, excludes Boards of Cooperative Educational Services.

Source: New York State Education Department, Information Center on Education, 1970-71a, 1975-76b, 1980-81b, 1986c.

APPENDIX TABLE 6.8

Racial/Ethnic Distribution of Public School Students And Teachers by Year New York State, New York City, Rest of the State Selected Years 1970-71 Through 1985-86

Race/Ethnicity	1970-71		1975-76		1980-81		1985-86	
	Students	Teachers	Students	Teachers	Students	Teachers	Students	Teachers
New York State								
Total[a]	100%	100%	100%	100%	100%	100%	100%	100%
White	75	95	72	94	68	92	63	89
Black	16	4	17	5	18	6	19	8
Hispanic	9	1	10	1	12	2	14	3
Asian	1	0[b]	1	0[b]	2	0[b]	3	1
New York City								
Total[a]	100%	100%	100%	100%	100%	100%	100%	100%
White	38	91	32	86	27	82	22	74
Black	35	8	37	9	39	12	38	17
Hispanic	26	1	28	4	30	5	34	8
Asian	2	0[b]	2	1	4	1	6	1
Rest of the State								
Total[a]	100%	100%	100%	100%	100%	100%	100%	100%
White	92	97	91	97	89	97	90	97
Black	6	2	7	3	8	3	6	2
Hispanic	1	0[b]	2	0[b]	2	1	3	0[b]
Asian	0[b]	0[b]	0[b]	0[b]	1	0[b]	2	0[b]

[a]Percentages may not sum to 100 due to rounding.
[b]Less than 0.5 percent.

Source: New York State Education Department, Information Center on Education, 1970-71a, 1975-76b, 1980-81b, 1985-86a, 1986c.

APPENDIX TABLE 6.9

Public School Classroom Teacher Salaries New York State 1975-76, 1985-86

Salary Percentiles	Current Dollars			Constant[a] 1985-86 Dollars	
	1975-76	1985-86	% Change	1975-76	% Change
75th	$19,362	$36,682	+89%	$35,793	+2%
50th	16,300	30,490	+87	30,132	+1
25th	13,192	23,178	+76	24,387	-5

[a]Based on the Consumer Price Index developed by the U.S. Department of Commerce and adjusted for New York State by the New York State Division of the Budget. A dollar in school year (September - August) 1985-86 was worth approximately $1.85 for a similar time period in 1975-76.

Source: New York State Education Department, Information Center on Education, 1976b, 1986b.

APPENDIX TABLE 6.10

Teaching Certificates Issued in New York State 1971, 1984

Type of Position	Total Certificates — Permanent and Provisional		
	1971	1984	% Change
Total	**56,833**	**26,894**	**-53%**
Academic Subjects	21,965	4,675	-79
Elementary Subjects	20,470	8,233	-60
Elementary/Early Secondary Subjects	N/A	345	N/A
Special Subjects	9,050	3,955	-56
Occupational Education	439	545	+24
Reading Teacher	N/A	1,437	N/A
Pupil Personnel	4,140	1,354	-67
Specialist (Media)	N/A	172	N/A
Special Education	N/A	6,178	N/A
Adult Education	590	N/A	N/A
Intern	179	N/A	N/A

Source: New York State Education Department, Information Center on Education, 1971b; New York State Education Department, Division of Teacher Certification, 1986.

APPENDIX TABLE 6.11

Occupational Education Enrollment
By Selected Characteristics
New York State
1980-81, 1985-86

Category	Percent Students 1980-81	1985-86
Total Number	**348,812**	**319,457**
Total[a]	**100%**	**100%**
Agriculture	3	3
Business & Office	60	58
Marketing & Distribution	5	4
Health	4	3
Home Economics	1	2
Technical	3	5
Trade, Industry & Service	24	25
Sex		
Total[a]	**100%**	**100%**
Male	42	44
Female	58	56
Race/Ethnicity		
Total[a]	**100%**	**100%**
White	64	58
Black	23	25
Hispanic	11	14
Asian	2	3

[a]Percentages may not sum to 100 due to rounding

Source: New York State Education Department, Information Center on Education, 1984a; New York State Education Department, Office of Occupational and Continuing Education, 1987

APPENDIX TABLE 6.12

Students Enrolled in Special Education Programs
As a Percentage of Total Enrollment
New York State, New York City, Rest of the State
Selected Years 1975-76 Through 1985-86

Year	Total Enrollment[a]	Special Education Enrollment	% Special Education to Total Enrollment
	New York City		
1975-76	3,406,015	215,052	6%
1977-78	3,211,849	210,763	7
1980-81	2,860,371	216,342	8
1983-84	2,661,041	259,939	10
1985-86	2,605,363	266,157	10
% Change 1975-76 to 1985-86	**-24%**	**+24%**	
	New York State		
1975-76	1,096,460	100,968	9%
1977-78	1,033,813	51,380	5
1980-81	941,159	78,944	8
1983-84	921,131	104,239	11
1985-86	931,246	106,363	10
% Change 1975-76 to 1985-86	**-15%**	**+ 5%**	
	Rest of the State[b]		
1975-76	2,309,555	114,084	5%
1977-78	2,178,036	159,383	7
1980-81	1,919,212	137,398	7
1983-84	1,739,910	155,700	9
1985-86	1,674,117	159,794	9
% Change 1975-76 to 1985-86	**-28%**	**+40%**	

[a]Includes students enrolled in Boards of Cooperative Educational Services

[b]Rest of the state statistics are the calculated difference between New York State's and New York City's statistics

Source: New York State Education Department, Information Center on Education, 1975-76a, 1975-1976c, 1976a, 1977, 1977-78, 1980, 1980-81a, 1983, 1985c

APPENDIX TABLE 6.13

Percentage of Pupils Scoring Above the Statewide Reference Point On Pupil Evaluation Program (PEP) Tests, Public and Nonpublic Schools 1980-81 Through 1984-85

Year	Grade 3		Grade 5[a]	Grade 6	
	Reading	Math	Writing	Reading	Math
			All Schools		
1980-81	88%	88%	N A	63%	74%
1981-82	88	89	N A	72[c]	74
1982-83	75[b]	77[b]	80%	75	74[b]
1983-84	76	78	83	75	74
1984-85	76	79	84	75	76
			Public Schools		
1980-81	87%	87%	N A	62%	73%
1981-82	87	88	N A	70[c]	73
1982-83	73[b]	76[b]	79%	73	73[b]
1983-84	74	77	82	73	73
1984-85	74	78	83	73	74
			Nonpublic Schools		
1980-81	92%	92%	N A	68%	79%
1981-82	93	93	N A	82[c]	80
1982-83	83[b]	82[b]	85%	84	81[b]
1983-84	83	82	86	84	82
1984-85	84	84	88	84	82

[a]First given in 1983

[b]Criterion-referenced tests replaced norm-referenced tests and time of testing was changed from fall to spring in 1983

[c]Test was revised in 1982 and time of testing changed from fall to spring

Source: New York State Education Department, Division of Educational Testing, 1984a, 1984b, 1986

APPENDIX TABLE 6.14

Percentage of Students[a] Scoring Above the Statewide Reference Point (SRP) On Pupil Evaluation Program (PEP) Tests New York City, Rest of the State Spring 1985

PEP Test	New York City	Rest of the State
Grade 3		
Reading	60%	86%
Math	64	89
Grade 5		
Writing	78	88
Grade 6		
Reading	59	84
Math	60	85

[a]Includes students with handicapping conditions in both public and nonpublic schools

Source: New York State Education Department, Division of Educational Testing, 1986

APPENDIX TABLE 6.15

Average Scores on Scholastic Aptitude Test (SAT) New York State, United States 1972 Through 1985

	Average SAT Scores			
	Verbal		Math	
Year	NYS	USA	NYS	USA
1972	460	453	495	484
1973	454	445	497	481
1974	452	444	495	480
1975	441	434	484	472
1976	437	431	484	472
1977	434	429	479	470
1978	431	429	471	468
1979	426	427	469	467
1980	424	424	465	466
1981	427	424	471	466
1982	429	426	476	467
1983	422	425	466	468
1984	424	426	470	471
1985	427	431	473	475

Source: College Entrance Examination Board, 1982, 1983, 1984a, 1984b; New York State Education Department, Division of Educational Testing, 1986

APPENDIX TABLE 6.16

New York State High School Student Achievement on Selected National Awards Programs 1980-81 Through 1984-85

National Achievement Programs	1980-1981	1981-1982	1982-1983	1983-1984	1984-1985
Percent of U.S. High School Graduates	7%[a]	7%[a]	7%[a]	8%	8%
Candidates for Advanced Placement	20	19	18	16	16
Commended Students, National Merit Scholarship Program	15	15	15	13	14
Westinghouse Search, Honors Group	35	40	36	44	47
Westinghouse Search, Winners	43	40	48	30	45

[a]Estimated

Source: New York State School Boards Association, 1981, 1982, 1983, 1984, 1985, 1986

APPENDIX TABLE 7.1

Abuse and Maltreatment Reports Registered
New York State
1974 Through 1985

Year	Total Reports Registered	Percent Increase From Previous Year	Abuse Reports Registered	Abuse: Percent of Total Reports	Maltreatment Reports Registered	Maltreatment: Percent of Total Reports
1974	29,912	—	5,295	18%	24,617	82%
1975	36,666	23%	6,603	18	30,063	82
1976	37,698	3	7,224	19	30,474	81
1977	39,682	5	8,303	21	31,379	79
1978	45,337	14	8,832	20	36,505	80
1979	51,845	14	7,753	15	44,092	85
1980	55,937	8	7,478	13	48,459	87
1981	64,421	15	7,087	11	57,334	89
1982	69,739	8	7,746	11	61,993	89
1983	74,120	6	6,755	9	67,365	91
1984	80,990	9	8,913	11	72,077	89
1985	84,119	4	8,556	10	75,563	90

Source: New York State Department of Social Services, 1986

APPENDIX TABLE 7.2

Reports of Child Abuse and Maltreatment
By Reporting Source
New York State, New York City, Rest of the State
1980, 1985

Reporting Source	1980 Reports	1980 Percent	1985 Reports	1985 Percent
		New York State		
Total Reporters	**55,910**	**100%**	**84,129**	**100%**
Mandated Reporters	**20,699**	**37**	**37,199**	**44**
Medical Examiner/Coroner	11	0[a]	11	0[a]
Social Services	3,953	7	6,726	8
Physicians	863	1	1,940	2
Public Health	420	1	749	1
Hospital Staff	4,450	8	7,807	9
Mental Health	489	1	1,142	1
Law Enforcement	4,733	9	8,344	10
School Staff	5,780	10	10,480	13
Non-Mandated Reporters	**35,211**	**63**	**46,930**	**56**
Neighbor	5,644	10	4,237	5
Relative	10,251	18	13,912	17
Other	14,804	27	22,855	27
Anonymous	4,512	8	5,926	7
		New York City		
Total Reporters	**14,438**	**100%**	**37,474**	**100%**
Mandated Reporters	**6,080**	**42**	**19,201**	**51**
Medical Examiner/Coroner	N/A	—	8	0[a]
Social Services	N/A	—	3,020	8
Physicians	N/A	—	1,131	3
Public Health	N/A	—	377	1
Hospital Staff	N/A	—	5,490	15
Mental Health	N/A	—	424	1
Law Enforcement	N/A	—	4,622	12
School Staff	N/A	—	4,129	11
Non-Mandated Reporters	**8,358**	**58**	**18,273**	**49**
Neighbor	N/A	—	1,309	4
Relative	N/A	—	9,121	24
Other	N/A	—	5,466	15
Anonymous	N/A	—	2,377	6
		Rest of the State		
Total Reporters	**24,977**	**100%**	**46,655**	**100%**
Mandated Reporters	**8,502**	**34**	**17,998**	**39**
Medical Examiner/Coroner	N/A	—	3	0[a]
Social Services	N/A	—	3,706	8
Physicians	N/A	—	809	2
Public Health	N/A	—	372	1
Hospital Staff	N/A	—	2,317	5
Mental Health	N/A	—	718	1
Law Enforcement	N/A	—	3,722	8
School Staff	N/A	—	6,351	14
Non-Mandated Reporters	**16,475**	**66**	**28,657**	**61**
Neighbor	N/A	—	2,928	6
Relative	N/A	—	8,446	18
Other	N/A	—	13,734	29
Anonymous	N/A	—	3,549	8

[a]Less than 0 5 percent

Source: New York State Department of Social Services, 1981, 1986

APPENDIX TABLE 7.3
Sex of Children in Indicated Cases
Of Abuse and Maltreatment
New York State, New York City, Rest of the State
1980, 1985

	1980				1985			
	Abuse		Maltreatment		Abuse		Maltreatment	
Sex of Child[a]	Number[a]	Percent[b]	Number[a]	Percent[b]	Number[a]	Percent[b]	Number[a]	Percent[b]
				New York State				
Total[b]	**3,376**	**100%**	**22,352**	**100%**	**2,564**	**100%**	**18,477**	**100%**
Male	1,295	38	11,459	51	631	25	9,505	51
Female	2,081	62	10,893	49	1,933	75	8,972	49
				New York City				
Total	**2,215**	**100%**	**7,630**	**100%**	**787**	**100%**	**7,243**	**100%**
Male	976	44	3,894	51	220	28	3,769	52
Female	1,239	56	3,736	49	567	72	3,474	48
				Rest of the State				
Total	**1,161**	**100%**	**14,722**	**100%**	**1,777**	**100%**	**11,225**	**100%**
Male	319	28	7,565	51	411	23	5,736	51
Female	842	72	7,157	49	1,366	77	5,498	49

[a]Only those children within cases who have a finding of abuse or maltreatment are included in this table (e.g., there may be 2 children in an indicated case — one with a finding of abuse or maltreatment and one with no indication of abuse or maltreatment).
[b]Total excludes those children where sex was not known.

Source: New York State Department of Social Services, 1986.

APPENDIX TABLE 7.4

Relationship of Perpetrator to Child In Indicated Cases of Abuse and Maltreatment New York State, New York City, Rest of the State 1980, 1985

	1980		1985	
Relationship[a]	Number[b]	Percent	Number[b]	Percent
		New York State		
Total	**20,326**	**100%**	**17,726**	**100%**
Parent	17,357	85	14,847	84
Parent Substitute	2,052	10	1,938	11
Other Relative[c]	713	4	853	5
No Relation	204	1	108	1
		New York City		
Total	**7,650**	**100%**	**6,628**	**100%**
Parent	6,553	86	5,627	85
Parent Substitute	698	9	566	8
Other Relative[c]	289	4	400	6
No Relation	110	1	35	1
		Rest of the State		
Total	**12,669**	**100%**	**11,076**	**100%**
Parent	10,799	85	9,205	83
Parent Substitute	1,352	11	1,369	12
Other Relative[c]	424	3	430	4
No Relation	94	1	72	1

[a]Relationship of perpetrators which are not known have been deleted from this table. In 1980, there were 113 individuals and in 1985 there were 226 individuals whose relationship to the victim was not known.

[b]Regional totals may not sum to the state total because of missing county identifiers.

[c]This category includes foster parents, as well as other relatives.

Source: New York State Department of Social Services, 1981, 1986.

APPENDIX TABLE 7.5a
Age and Sex of Perpetrators in Child Abuse and Maltreatment Cases
New York State, New York City, Rest of the State
1980

Age	Male		Female		Unknown		Total	
	Number[a]	Percent[b]	Number[a]	Percent[b]	Number[a]	Percent[b]	Number[a]	Percent[b]
				New York State				
Total	**4,722**	**100%**	**8,687**	**100%**	**10**	**100%**	**13,419**	**100%**
15 - 19	175	4	773	9	0	0	948	7
20 - 24	657	14	1,834	21	0	0	2,491	19
25 - 29	762	16	1,860	21	2	20	2,624	19
30 - 34	850	18	1,788	20	3	30	2,641	20
35 - 39	777	16	1,119	13	1	10	1,897	14
40 - 44	660	14	682	8	2	20	1,344	10
45 - 49	376	8	303	4	0	0	679	5
50+	465	10	328	4	2	20	795	6
Unknown	3,042	—	3,886	—	92	—	7,020	—
Median Age	34.5		29.7		30.0		31.2	
				New York City				
Total	**1,401**	**100%**	**3,675**	**100%**	**4**	**100%**	**5,080**	**100%**
15 - 19	64	5	297	8	0	0	361	7
20 - 24	204	15	747	20	0	0	951	19
25 - 29	215	15	875	24	1	25	1,091	22
30 - 34	271	19	813	22	1	25	1,085	21
35 - 39	238	17	421	12	1	25	660	13
40 - 44	171	12	264	7	1	25	436	9
45 - 49	101	7	111	3	0	0	212	4
50+	138	10	147	4	0	0	285	6
Unknown	920	—	1,653	—	33	—	2,606	—
Median Age	34.0		29.5		30.0		30.6	
				Rest of the State				
Total	**3,318**	**100%**	**5,010**	**100%**	**6**	**100%**	**8,334**	**100%**
15 - 19	116	3	475	9	1	17	592	7
20 - 24	453	14	1,087	22	0	0	1,540	19
25 - 29	547	17	985	20	1	17	1,535	18
30 - 34	577	17	974	19	2	33	1,553	19
35 - 39	539	16	698	14	0	0	1,237	15
40 - 44	489	15	418	8	1	17	908	11
45 - 49	275	8	192	4	0	0	467	6
50+	327	10	181	4	1	17	510	6
Unknown	2,115	—	2,232	—	6	—	4,405	—
Median Age	34.7		29.8		32.5		31.6	

[a]The within region numbers may not sum to the regional totals due to missing information regarding the age or sex of the perpetrator. In addition, regional totals may not sum to the state totals because of missing county identifiers.
[b]Percentages are based on total minus unknown.

Source: New York State Department of Social Services, 1981, 1986.

APPENDIX TABLE 7.5b

Age and Sex of Perpetrators in Child Abuse and Maltreatment Cases New York State, New York City, Rest of the State 1985

Age	Male		Female		Unknown		Total	
	Number[a]	Percent[b]	Number[a]	Percent[b]	Number[a]	Percent[b]	Number[a]	Percent[b]
New York State								
Total	**5,010**	**100%**	**8,599**	**100%**	**4**	**100%**	**13,613**	**100%**
15 - 19	163	3	622	7	0	0	785	6
20 - 24	647	13	1,758	20	1	25	2,406	18
25 - 29	853	17	1,989	23	1	25	2,843	21
30 - 34	988	20	1,858	21	1	25	2,847	21
35 - 39	918	18	1,176	14	0	0	2,094	15
40 - 44	685	14	647	8	1	25	1,333	10
45 - 49	335	7	258	3	0	0	593	4
50+	421	8	291	4	0	0	712	5
Unknown	2,074	–	2,246	–	19	–	4,339	–
Median Age	34.3		29.9		25.0		31.3	
New York City								
Total	**1,337**	**100%**	**3,554**	**100%**	**1**	**100%**	**4,891**	**100%**
15 - 19	60	5	266	8	1	100	327	7
20 - 24	162	12	733	21	0	0	895	18
25 - 29	208	16	847	24	0	0	1,055	22
30 - 34	263	20	782	22	0	0	1,045	21
35 - 39	228	17	448	13	0	0	676	14
40 - 44	202	15	235	7	0	0	437	9
45 - 49	101	8	104	3	0	0	205	4
50+	120	5	134	8	0	0	259	5
Unknown	723	–	1,067	–	11	–	1,801	–
Median Age	34.5		29.6		50.0		30.8	
Rest of the State								
Total	**3,647**	**100%**	**5,033**	**100%**	**4**	**100%**	**8,684**	**100%**
15 - 19	121	3	357	7	0	0	478	6
20 - 24	482	13	1,024	20	1	25	1,507	17
25 - 29	640	18	1,142	23	1	25	1,783	21
30 - 34	720	20	1,072	21	1	25	1,793	21
35 - 39	687	19	726	15	0	0	1,413	16
40 - 44	480	13	411	8	1	25	892	10
45 - 49	231	6	152	3	0	0	383	4
50+	297	8	150	3	0	0	447	5
Unknown	1,329	–	1,177	–	0	–	2,513	–
Median Age	34.1		30.0		25.0		31.6	

[a]The within region numbers may not sum to the regional totals due to missing information regarding the age or sex of the perpetrator. In addition, regional totals may not sum to the state totals because of missing county identifiers.
[b]Percentages are based on total minus unknown

Source: New York State Department of Social Services, 1981, 1986

APPENDIX TABLE 7.6

Children Involved in Reports of Fatalities And Subsequent Confirmed Fatalities Related To Child Abuse and Maltreatment New York State 1975 Through 1985

Year	Number of Alleged Fatalities	Number of Confirmed Fatalities	Percent of Fatalities Confirmed
1975	122	80	66%
1976	133	80	60
1977	112	69	62
1978	139	85	61
1979	157	94	60
1980	166	108	65
1981	167	107	64
1982	162	87	54
1983	194	109	56
1984	162	112	69
1985	124	*	*

*Confirmed fatalities for 1985 are not included here because 63 percent of the reports of fatalities were still pending determination as of May 1986.

Source: New York State Department of Social Services. 1985. 1986

APPENDIX TABLE 8.1

Juvenile Arrests New York State, New York City, Rest of the State 1975 Through 1985

	New York State		New York City		Rest of the State	
Year	Number	Percent	Number	Percent	Number	Percent
1975	94,329	100%	48,446	51%	45,883	49%
1976	113,714	100	67,095	59	46,619	41
1977	115,836	100	68,125	59	47,711	41
1978	93,184	100	49,060	53	44,124	47
1979	88,358	100	43,063	49	45,295	51
1980	86,033	100	42,045	49	43,988	51
1981	106,621	100	64,465	61	42,156	39
1982	84,977	100	48,070	57	36,907	43
1983	78,206	100	43,109	55	35,097	45
1984	77,587	100	41,302	53	36,285	47
1985	85,214	100	49,838	59	35,376	41

Source: New York State Division of Criminal Justice Services. 1979. 1980. 1981. 1982. 1983. 1984. 1985. 1986b

APPENDIX TABLE 8.2

Admissions to Non-Secure and Secure Detention
New York State, New York City, Rest of the State
1979 Through 1985

	Non-Secure Detention			Secure Detention		
Year	New York State	New York City	Rest of the State	New York State	New York City	Rest of the State
1979	4,189	N/A	N/A	8,566	N/A	N/A
1980	5,165	1,040	4,125	6,783	4,098	2,684
1981	5,482	1,026	4,450	6,512	4,005	2,504
1982	5,633	861	4,771	5,777	3,570	2,207
1983	5,360	685	4,675	5,027	3,066	1,961
1984	5,537	602	4,935	5,053	3,098	1,955
1985	5,548	629	4,919	5,414	3,257	2,151

Source: New York State Division of Criminal Justice Services, 1979, 1980, 1981, 1982, 1983, 1984, 1985.

APPENDIX TABLE 8.3

Juvenile Offender Arrests
New York State, New York City, Rest of the State
1978 Through 1985

	New York State		New York City		Rest of the State	
Year	Number	Percent	Number	Percent	Number	Percent
1978	578	100%	496	86%	82	14%
1979	1,551	100	1,319	85	232	15
1980	1,510	100	1,306	86	204	14
1981	1,634	100	1,436	88	198	12
1982	1,440	100	1,280	89	160	11
1983	1,247	100	1,118	90	129	10
1984	1,271	100	1,075	85	196	15
1985	1,257	100	1,051	84	206	16

Note: State totals may include arrests from unspecified counties, therefore, New York City and rest of the state may not equal state total.
Source: New York State Division of Criminal Justice Services, 1986a.

APPENDIX TABLE 8.4
Arrests of Youth Ages 16 Through 20
New York State, New York City, Rest of the State
1975 Through 1985

	New York State		New York City		Rest of the State	
Year	Number	Percent	Number	Percent	Number	Percent
1975	159,131	100%	66,117	42%	93,014	58%
1976	181,266	100	92,352	51	88,914	49
1977	216,046	100	126,266	58	89,780	42
1978	240,598	100	141,290	59	99,308	41
1979	254,533	100	142,404	56	112,129	44
1980	255,311	100	145,735	57	109,576	43
1981	284,317	100	179,400	63	104,977	37
1982	360,912	100	258,042	71	102,870	29
1983	326,155	100	230,254	71	95,901	29
1984	305,367	100	215,378	71	89,989	29
1985	300,946	100	210,981	70	89,965	30

Note: State totals may include arrests from unspecified counties, therefore, New York City and rest of the state may not equal state total.
Source: New York State Division of Criminal Justice Services, 1977, 1978, 1980, 1982, 1984, 1985, 1986b.

APPENDIX TABLE 8.5
Prosecution of Youthful Offenders
Ages 16 Through 18
New York State, New York City, Rest of the State
1975 Through 1985

	New York State		New York City		Rest of the State	
Year	Number	Percent	Number	Percent	Number	Percent
1975	9,846	100%	3,168	32%	6,671	68%
1976	11,531	100	4,395	38	7,124	62
1977	7,831	100	4,011	51	3,814	49
1978	10,863	100	4,140	38	6,710	62
1979	12,270	100	4,205	34	8,055	66
1980	13,137	100	5,107	39	8,024	61
1981	13,181	100	5,397	41	7,774	59
1982	11,420	100	4,253	37	7,162	63
1983	11,127	100	4,540	41	6,584	59
1984	10,753	100	4,332	40	6,415	60
1985	10,478	100	4,016	38	6,458	62

Note: State totals may include dispositions from unspecified counties, therefore, New York City and rest of the state totals may not equal state total.
Source: New York State Division of Criminal Justice Services, 1986a.

APPENDIX TABLE 8.6
Misdemeanor and Felony Prosecutions
Of Youthful Offenders
Age 16 Through 18
New York State
1975 Through 1985

	Total		Misdemeanors		Felonies	
Year	Number	Percent	Number	Percent	Number	Percent
1975	9,846	100%	6,944	71%	2,901	29%
1976	11,531	100	8,751	76	2,770	24
1977	7,831	100	5,751	73	2,068	27
1978	10,863	100	7,943	73	2,918	27
1979	12,270	100	9,128	74	3,142	26
1980	13,137	100	9,968	76	3,169	24
1981	13,181	100	9,270	70	3,911	30
1982	11,420	100	7,718	68	3,702	32
1983	11,127	100	6,977	63	4,150	37
1984	10,753	100	6,570	61	4,183	39
1985	10,478	100	6,505	62	3,973	38

Source: New York State Division of Criminal Justice Services, 1986a

APPENDIX TABLE 9.1
Description of State-Operated or Licensed
Residential Facilities Serving Children
New York State

DEPARTMENT OF SOCIAL SERVICES

Foster Family Homes — A foster family home is a private family that receives a stipend to provide foster care for one to six children. In New York City, most foster families are recruited and supervised by private voluntary agencies, while outside of New York City, most foster families are recruited and supervised directly by the local social services district. The overwhelming majority of children in foster care are placed in foster family homes. Residents use local schools and community programs.

Agency Operated Boarding Homes — An Agency Operated Boarding Home (AOBH) is similar to a foster family home in that it has a maximum capacity of six children (except in cases where there is a sibling group of more than six children that should be kept together). Thus, the atmosphere of the home is intimate enough to be family-like. However, unlike foster family homes, AOBHs are owned (or leased) and operated by private voluntary child caring agencies, and the houseparents and other staff are paid employees of the agency. This means that there are likely to be different houseparents on weekends than during the week. Residents use local schools and community programs.

Group Homes — A group home is a facility with a capacity of from seven to twelve children that is operated by a private voluntary agency. Because of their size and staffing arrangements, group homes are less family-like than foster family homes or AOBHs. Most group homes are community based, with residents attending local public schools and likely to use the same community services as those used by other children living with their families. However, some group homes are closely linked to an institution, and the residents attend the institution's school and receive most other services from the institution rather than from community based providers.

Group Residences — A group residence is a facility with a capacity of between 13 and 24 children. Thus, it is even less family-like than a group home. All group residences are operated by private voluntary agencies. Some are community based, while others are self-contained.

Institutions — The largest type of foster care facility is the institution, which is defined as a facility with a capacity of more than 24 children. Institutions tend to provide more structure and a more intensive level of services than other types of residential child caring programs under DSS jurisdiction. Institutions generally have a school on the grounds, and also provide most of their own recreational and social services.

DIVISION FOR YOUTH

Level 7: DFY Family Care — DFY has recruited a number of families who receive a stipend for providing care and maintenance to youth who cannot live with their own families. This program is similar in some ways to the DSS foster family home program. It is the least restrictive, most community based level in the DFY continuum of care.

Level 6: Group Homes/Urban Homes — There are two types of facilities at Level 6: Urban Homes and Group Homes. The Urban Homes concentrate on pre-employment and employment skills/work experience for youth, with a limited in-house educational program. Group Homes offer a family-like atmosphere for youth who do not require rigid security or close supervision, with houseparents and some counseling provided upon release. These programs rely on local communities for educational, vocational, recreational, and cultural

activities, with the majority of Level 6 youth involved in work training programs and/or attending local schools.

Level 5: Youth Development Centers (YDCs) — YDCs provide residential and day/outreach services to youth within their home community. The YDCs, located in major urban areas, serve initial placements, youth diverted from other institutional settings, and youth in transition. An in-house education program is offered to prepare youth for attendance at local schools, but primary emphasis is on the community for support services such as employment, education, and recreation.

Level 4: Rural Residential Centers — Youth in Level 4 programs still require removal from the home community, but do not pose a consistent security risk. Youth admitted to these centers are adjudicated juvenile delinquents, PINS, or youthful offenders, and need extensive academic, vocational, and counseling services. While Level 4 facilities provide a self-contained community for youth, physical security measures are not required. Community contact under staff supervision is part of the program, supplementing on-grounds educational, vocational, and recreational activities. Level 4 constitutes the most secure placement option for PINS youth under current State Law.

Level 2: Limited Secure Facilities — Limited Secure Facilities are usually located in rural areas and serve Title III juvenile delinquents in programs ranging from 36 bed centers to 120 bed training schools. These centers provide a full range of on-grounds services, including education, recreation, counseling, medical and mental health, though limited access to the community is allowed on an individual basis with supervision.

Level 1: Secure Facilities — Secure Facilities provide the most controlled and restrictive of the residential programs operated by DFY. Youth admitted are adjudicated either as juvenile offenders by the criminal courts or placed as Title III juvenile delinquents by the Family Court. Level 1 facilities range in size from 10 to 96 beds and are characterized by extensive restrictive hardware to prevent escape as well as intensive supervision. Programming includes a broad range of on-grounds services, including academic and vocational instruction, recreational therapy, counseling, and health care services.

Placement in a Private Voluntary Agency — The DFY can contract with voluntary child care agencies to provide residential and support services to youth placed in the Division's care and custody. These placements can fall into one of two categories: 1) "cooperative placement," where DFY staff conduct assessment and refer youth to voluntary programs; and, 2) "placement for replacement," where the family court conducts assessment and referral but assigns responsibility of oversight for the care and custody to DFY. These programs are licensed by DSS as well.

OFFICE OF MENTAL HEALTH

Family Care — OMH operates a small family care program for emotionally disturbed children. As with family care programs in other systems, private families are paid a stipend to provide care and maintenance to one or more children. Most children in this program are formerly hospitalized patients who cannot return to their own families, or are individuals who do not need a structured residential program but who cannot function independently. Family care homes are recruited and supervised by staff of psychiatric centers.

Community Residences — The community residence program provides a continuum of residential opportunities for mentally ill young adults (ages 18 to 21) who are unable to live independently. There are three levels of residential programs: 1) supervised living (8 to 24 bed homes, with 24 hour on-site staff supervision); 2) intensive supportive living (single site homes or scattered site apartments, with daily staff visits); and 3) supportive living (scattered site apartments, with 24 hour on-call support and one to three staff visits per week).

Residential Treatment Facility (RTFs) — RTFs serve mentally ill children and youth (ages 5-21) who require supervised comprehensive, residential mental health treatment on a 24-hour basis, and whose anticipated length of stay exceeds six months. Services are provided on the premises and are integrated into the treatment plan. This program fills the gap between psychiatric hospitalization and less structured group settings.

Inpatient Psychiatric Center — Psychiatric centers serve acutely mentally ill youth who are in need of psychiatric hospitalization, and whose anticipated length of stay does not exceed 90 days. Included in the network of state-operated programs are inpatient programs in six children's psychiatric centers and nine children's units in adult psychiatric centers.

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

Family Care — As with other family care programs, OMRDD recruits families to provide basic room, board, and nurturance to handicapped children. In almost all cases, the children placed in family care are former residents of developmental centers. Recently, a variant of family care called personal care has been developed. Personal care differs from family care in that the personal care parent receives more extensive training than does the traditional family care parent in assisting or training the child in personal hygiene, eating skills, and mobility, and the personal care provider becomes a more active member of the child's treatment team. Although certified family caregivers can serve up to six clients, most serve one or two individuals.

Community Residences — Community Residences (CRs) provide community living opportunities for mentally retarded and developmentally disabled individuals who do not require the intensity of medical and clinical services that are characteristic of the community ICF/DD model. Typically, CRs accommodate between 3 and 14 residents. There are two levels of CRs: 1) supervised living facilities, which provide daily coverage to residents; and 2) supportive living facilities, which provide occasional staff support to residents. Individuals use the community residence to receive all necessary medical, recreational, and generic services, as well as to attend day program activities.

Intermediate Care Facilities for the Developmentally Disabled (ICF/DDs) — An ICF/DD is a community based program that provides relatively intensive habilitative services to the developmentally disabled. There are two types, the community residence ICF/DD, which has a maximum capacity of 14 clients, and a non-community based ICF/DD, which serves up to 30 clients. ICF/DDs differ from community residences in that many services are provided on site, and these programs receive Medicaid reimbursement.

Private Schools for the Mentally Retarded — Private schools serve children and adults with mental retardation and developmental disabilities and provide room, board, and continuous staff supervision as well as social activities, medical supervision, and appropriate day programs. The school provides an accredited education program for children up to the age of 21 with disabilities, and this component is licensed by

SED. These programs are largely self-contained in that most services and treatment are provided on grounds.

Developmental Centers — Developmental centers are large state operated institutions, formerly called state schools, which provide long-term care to the more severely developmentally disabled. There are 19 developmental centers in the state. Virtually all services are provided on site, and they are staffed to provide highly specialized services that are often not readily available in the community. The population of developmental centers has been declining in the past decade as more mentally retarded persons are being maintained in the community, either with their own families or in the less intensive programs described above.

STATE EDUCATION DEPARTMENT

Schools for the Blind and Deaf - 4201 Schools — The State School for the Deaf at Rome is a five day residential school for deaf children whose sensory loss requires the use of special methods and a specialized language curriculum.

The State School for the Blind at Batavia is a five or seven day residential school serving blind and blind, multiply-handicapped children.

New York State also supports privately administered schools serving children with severe hearing, visual, and physical handicaps.

Private Residential Schools - 853 Schools — SED licenses private schools that provide special educational services to children through age 21 for whom public school programs are not appropriate. Most residential 853 schools are also DSS licensed programs (usually institutions). Children placed in such programs are typically developmentally disabled, emotionally disturbed, have learning disabilities, or physical or sensory impairments.

DEPARTMENT OF HEALTH

Skilled Nursing Facilities (SNFs) — These facilities provide 24 hour skilled nursing supervision for patients requiring rehabilitation or custodial care. Nursing homes must provide medical and nursing services; physical, occupational, speech and hearing therapies; social services; dietary; dental; podiatry; and pharmaceutical services as well as social activities. An ongoing activities program must be provided that is appropriate to the needs and interests of each patient. If a child (under 16 years of age) is admitted to a SNF, the DOH must be notified. Patients under 16 can be admitted only to a nursing home approved for such occupancy. There are three pediatric SNFs and two large SNFs with pediatric units in the state.

Health Related Facilities (HRFs) — These facilities provide 24 hour services to persons who are ambulatory, but who require some nursing supervision and minimal to moderate assistance with activities of daily living. In addition to nursing supervision, HRFs provide coverage for medical services, pharmaceutical services, social services, leisure time programs, dental, and rehabilitative therapy services. The facility must make available to all residents a planned program of social, leisure, and diversional activities. Residents under the age of 16 must be admitted to a separate area of the facility and admission must be approved by DOH.

DIVISION OF SUBSTANCE ABUSE SERVICES

Drug-Free Residential Programs:

1) Therapeutic Community — Therapeutic Community programs are designed for those individuals who are dependent on substances or are determined to be at risk of dependency. These programs are staffed primarily by ex-addicts and offer a range of services that are provided directly by the program or through coordination with other community resources. Services include health care; psychological testing and assessment; individual, group, and family counseling; educational programs; and vocational training. The average planned length of stay is from 18 to 24 months and program capacity is usually between 20 and 30 beds.

2) Residential Chemical Dependency Programs for Youth — DSAS and DAAA developed regulations for Residential Chemical Dependency programs for youth in December 1985. These multi-disciplinary programs have been designed to assist clients in achieving chemically free lifestyles. Programs are staffed primarily by professionals and provide family therapy as a part of inpatient services and outpatient services after discharge. The average length of stay in these programs ranges from 45 days to 15 months, and program capacity is expected to be between 20 and 30 beds.

DIVISION OF ALCOHOLISM AND ALCOHOL ABUSE

Inpatient Rehabilitation Programs — Inpatient Rehabilitation Programs serve individuals who require intensive treatment services in a highly structured setting. These programs provide a range of intervention services to the individual and also provide crisis intervention, alcoholism education, and counseling services to the client's family. The average length of stay in these programs is from 21-60 days. Larger programs have special units designed to meet the specific needs of adolescents.

Community Residences — DAAA funds three types of community residential programs:

Recovery Homes, which provide long-term care (9-15 months) as an alternative to inpatient rehabilitation services;

Halfway Houses, which provide shorter-term care (3-9 months) for individuals who require additional structured living after discharge from inpatient rehabilitation; and

Supportive Living Facilities, which provide continued group living arrangements for individuals who have a poor prognosis for independent living (indefinite length of stay).

While children and youth are served in these models, they primarily serve adults.

Residential Chemical Dependency Programs for Youth — Short-Term Model — Short-Term Residential Chemical Dependency programs have been designed to serve chemically dependent individuals who will be able to return to school and family life or an alternative community placement after a brief course of intensive multidisciplinary services. Family therapy is provided as part of inpatient services. Outpatient services are offered after discharge. The average length of stay in these programs ranges from 45 to 60 days. Each program maintains between 20 and 30 beds.

Residential Chemical Dependency Programs for Youth — Long-Term Model — The long-term model, referred to as Adolescent Recovery Homes, has been designed to serve chronic chemically dependent adolescents who are likely to be without family and community support. Inpatient services include individual, group, and family counseling. Education services are provided through contractual tutorial arrangements, on-site services of teachers assigned by the school district, or attendance at local schools. The average length of stay ranges from 6 to 15 months and programs maintain between 16 and 24 beds.

APPENDIX TABLE 9.2

Number of Children in Out-of-Home Care
By State Agency and Level of Care
New York State
1978 Through 1985

Agency and Level of Care	Year[a]							
	1978	1979	1980	1981	1982	1983	1984	1985
State Total	**54,242**	**51,559**	**49,124**	**47,022**	**43,828**	**41,306**	**39,346**	**38,741**
Family Care	31,887	30,903	28,961	27,371	25,504	23,204	21,842	20,695
Group Care	4,440	4,541	4,660	4,746	4,843	5,116	5,044	5,005
Institutional	17,681	15,833	15,109	14,396	12,927	12,355	11,640	12,278
Other/Unknown[b]	234	282	394	509	554	631	820	763
DSS Total	**42,545**	**40,594**	**38,384**	**36,505**	**33,894**	**31,313**	**29,552**	**28,015**
Family Care	30,515	29,671	27,802	26,276	24,507	22,324	21,097	20,070
Group Care	3,531	3,506	3,589	3,654	3,703	3,830	3,679	3,509
Institutional	8,499	7,367	6,993	6,575	5,684	5,159	4,776	4,436
DFY Total	**1,796**	**1,966**	**2,149**	**2,306**	**2,471**	**2,743**	**2,694**	**2,697**
Family Care	407	314	300	312	281	250	195	172
Group Care	458	461	488	423	398	425	363	430
Institutional	697	909	967	1,062	1,238	1,437	1,316	1,332
Other/Unknown[b]	234	282	394	509	554	631	820	763
OMH Total	**1,624**	**1,596**	**1,500**	**1,435**	**1,419**	**1,478**	**1,709**	**1,820**
Family Care	69	63	40	41	18	21	22	19
Group Care	231	231	231	231	233	285	333	334
Institutional	1,324	1,302	1,229	1,163	1,168	1,172	1,354	1,467
OMRDD Total	**5,808**	**5,133**	**4,605**	**4,156**	**3,658**	**3,304**	**3,049**	**2,898**
Family Care	896	855	819	742	698	609	528	434
Group Care	220	293	352	438	509	576	669	699
Institutional	4,692	3,985	3,434	2,976	2,451	2,119	1,852	1,765
SED Total	**2,089**	**1,879**	**2,107**	**2,187**	**1,961**	**1,968**	**1,812**	**1,776**
Institutional	2,089	1,879	2,107	2,187	1,961	1,968	1,812	1,776
DOH Total	**380**	**391**	**379**	**433**	**425**	**500**	**530**	**530**
Institutional	380	391	379	433	425	500	530	530
DSAS Total	N/A	N/A	N/A	**970**	**844**	**832**	**844**	**865**
Institutional	N/A	N/A	N/A	970	844	832	844	865
DAAA Total	N/A	N/A	N/A	**35**	**61**	**81**	**102**	**140**
Group Care	N/A	N/A	N/A	7	12	18	20	33
Institutional	N/A	N/A	N/A	28	49	63	82	107

[a]As of March 31 of each year, except SED, which are fall enrollments.
[b]Includes DFY placements for replacement and voluntary placements which are not included in any level of care.

Note: Data have been adjusted to compensate for missing data.

Source: New York State Council on Children and Families, 1986a; New York State Division of Substance Abuse Services, 1981 through 1986; New York State Division of Alcoholism and Alcohol Abuse, 1981 through 1985.

APPENDIX TABLE 9.3

Statewide Profile of Children Entering Residential Care During Quarter Ending 12/31/85

	Total		Level of Care							
			Family Care		Group Care		Institutional Care		Unknown	
State Agency	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
State Total	**5,347**	**100%**	**2,379**	**44%**	**599**	**11%**	**2,246**	**42%**	**123**	**2%**
DSS	3,392	100	2,275	67	480	14	633	19	*	*
DFY	526	100	39	7	105	20	270	51	112	21
SED	88	100	0	0	0	0	88	100	0	0
OMH	1,102	100	0	0	0	0	1,093	99	9	1
OMRDD	158	100	52	33	*	*	105	66	0	0
Multi-agency	81	100	12	15	11	14	55	68	*	*

*Indicates a value in the range of 1 to 4.

Source: New York State Council on Children and Families, Children and Youth Interagency Management Information System, 1986b

APPENDIX TABLE 9.4

Time in Care Since Current Admission
By Level of Care of Current Placement
Of Children in Residential Care on 12/31/85

Agency and Level of Care	Total		Time in Care Since Current Admission					
			0 - 3 Months		3 - 6 Months		6 - 12 Months	
	N	%	N	%	N	%	N	%
State Total	**33,692**	**100%**	**4,105**	**12%**	**5,056**	**15%**	**5,375**	**16%**
Family Care	19,674	100	1,970	10	1,767	9	2,994	15
Group Care	3,584	100	536	15	439	12	653	18
Institutional Care	9,590	100	1,438	15	2,693	28	1,479	15
Unknown	844	100	161	19	157	19	249	30
DSS Total	**26,289**	**100**	**2,884**	**11**	**2,645**	**10**	**4,335**	**16**
Family Care	19,074	100	1,923	10	1,745	9	2,945	15
Group Care	3,149	100	448	14	335	11	534	17
Institutional Care	4,040	100	513	13	565	14	856	21
Unknown	26	100	0	0	0	0	*	*
DFY Total	**2,504**	**100**	**518**	**21**	**555**	**22**	**741**	**30**
Family Care	152	100	26	17	15	10	31	20
Group Care	369	100	88	24	97	26	117	32
Institutional Care	1,348	100	293	22	317	24	400	30
Unknown	635	100	111	17	125	20	195	31
SED Total	**1,637**	**100**	**84**	**5**	**1,553**	**95**	**0**	**0**
Institutional Care	1,637	100	84	5	1,553	95	0	0
OMH Total	**1,056**	**100**	**470**	**45**	**154**	**15**	**161**	**15**
Family Care	20	100	*	*	0	0	*	*
Institutional Care	1,012	100	455	45	150	15	155	15
Unknown	24	100	15	63	*	*	5	21
OMRDD Total	**1,724**	**100**	**67**	**4**	**66**	**4**	**64**	**4**
Family Care	406	100	16	4	*	*	15	4
Institutional Care	60	100	0	0	*	*	*	*
Unknown	1,258	100	51	4	58	5	45	4
Multi-Agency Total	**482**	**100**	**82**	**17**	**83**	**17**	**74**	**15**
Family Care	22	100	*	*	*	*	*	*
Group Care	6	100	0	0	*	*	*	*
Institutional Care	295	100	45	15	47	16	22	7
Unknown	159	100	35	22	30	19	50	31

APPENDIX TABLE 9.4 (continued)

Time in Care Since Current Admission									
1 - 2 Years		2 - 3 Years		3 - 4 Years		4 - 8 Years		8+ Years	
N	%	N	%	N	%	N	%	N	%
6,548	**19%**	**3,746**	**11%**	**2,279**	**7%**	**3,656**	**11%**	**2,927**	**9%**
4,207	21	2,718	14	1,654	8	2,626	13	1,783	9
735	21	378	11	237	7	347	10	259	7
1,405	15	608	6	382	4	670	7	915	10
201	24	42	5	6	1	13	2	15	2
5,760	**22**	**3,432**	**13**	**2,078**	**8**	**3,204**	**12**	**1,951**	**7**
4,135	22	2,670	14	1,620	8	2,521	13	1,515	8
680	22	364	12	232	7	335	11	220	7
947	23	394	10	224	6	342	8	199	5
0	0	*	*	*	*	5	19	15	58
469	**19**	**139**	**6**	**55**	**2**	**27**	**1**	**0**	**0**
36	24	20	13	13	9	10	7	0	0
50	14	12	3	*	*	*	*	0	0
221	16	73	5	35	3	9	1	0	0
160	25	34	5	*	*	5	1	0	0
0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
0	0	0	0	0	0	0	0	0	0
134	**13**	**73**	**7**	**31**	**3**	**33**	**3**	**0**	**0**
5	25	5	25	*	*	*	*	0	0
125	12	65	6	30	3	30	3	0	0
*	*	*	*	0	0	*	*	0	0
120	**7**	**80**	**5**	**85**	**5**	**329**	**19**	**913**	**53**
30	7	20	5	14	3	90	22	220	54
5	8	*	*	*	*	11	18	36	60
85	7	60	5	70	6	228	18	660	52
65	**13**	**22**	**5**	**30**	**6**	**63**	**13**	**63**	**13**
*	*	*	*	*	*	*	*	6	27
0	0	*	*	0	0	0	0	*	*
24	8	15	5	27	9	60	20	55	19
40	25	5	3	*	*	0	0	0	0

*Indicates a value in the range 1 to 4

Source: New York State Council on Children and Families. Children and Youth Interagency Management Information System, 1986b.

APPENDIX TABLE 9.5

Time in Community Before Reentry
For Children Reentering Residential Care
During Quarter Ending 12/31/85

State Agency of Exit	Total	Time in Community Before Reentry									
		0 - 3 Months	3 - 6 Months	6 - 12 Months	1 - 2 Years	2 - 3 Years	3 - 4 Years	4 - 8 Years	8+ Years	Mean (Mos.)	Median (Mos.)
State Total	**1,542**	**645**	**305**	**236**	**213**	**86**	**42**	**11**	*	**8**	**4**
Row %	100%	42%	20%	15%	14%	6%	3%	1%	*		
Column %	100	100	100	100	100	100	100	100	*		
DSS Total	**902**	**360**	**179**	**131**	**142**	**58**	**29**	*	**0**	**9**	**4**
Row %	100%	40%	20%	15%	16%	6%	3%	*	0%		
Column %	58	56	59	56	67	67	69	*	0		
DFY Total	**145**	**46**	**38**	**28**	**22**	**7**	*	*	**0**	**8**	**5**
Row %	100%	32%	26%	19%	15%	5%	*	*	0%		
Column %	9	7	12	12	10	8	*	*	0		
SED Total	**20**	**15**	*	**0**	**0**	**0**	**0**	**0**	**0**	**2**	**2**
Row %	100%	75%	*	0%	0%	0%	0%	0%	0%		
Column %	1	2	*	0	0	0	0	0	0		
OMH Total	**390**	**170**	**74**	**70**	**48**	**19**	**8**	*	**0**	**8**	**4**
Row %	100%	44%	19%	18%	12%	5%	2%	*	0%		
Column %	25	26	24	30	23	22	19	*	0		
OMRDD Total	**85**	**58**	**11**	**7**	*	*	*	*	*	**8**	**2**
Row %	100%	68%	13%	8%	*	*	*	*	*		
Column %	6	9	4	3	*	*	*	*	*		

*Indicates a value in the range of 1 to 4.

Note: Mean and Median figures are present in months.

Source: New York State Council on Children and Families. Children and Youth Interagency Management Information System, 1986b.

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NEW YORK STATE COUNCIL ON CHILDREN & FAMILIES

Mayor Erastus Corning Tower, 28th Floor
Empire State Plaza
Albany, NY 12223
(518) 474-8038

MARIO M. CUOMO, Governor
GERALD C. CROTTY, Chair MATILDA R. CUOMO, Honorary Chair
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